## If you answer YES to any of these questions:





Do you have a fever or do you feel feverish?



Do you have a cough or shortness of breath?



Do you have a sore throat?



Do you have a loss of taste or smell?



Have you been around anyone else with these symptoms in the last 14 days?



Are you living with anyone who is sick with COVID-19?

## Please DO NOT enter the building.

If you have COVID-19 symptoms, please stay home and contact a healthcare provider.

