

## **VOLUNTARY SELF-ASSESSMENT**

In order to successfully pass screening, you must be able to answer “***NO***” to each of these 6 questions. A “*Yes*” to even one question means you failed the screening.

In the last 14 days, have you:

1. Traveled internationally?
2. Been exposed to a person with suspected or confirmed COVID-19 without the correct PPE?
3. Had a temperature at least 100.4°F?
4. Had new or increased shortness of breath or difficulty breathing?
5. Had a new cough?
6. Had at least two of the following symptoms together:
  - o Chills
  - o Muscle pain
  - o Headache
  - o Sore throat
  - o New loss of taste or smell
  - o Diarrhea
  - o Vomiting
  - o Runny nose/Congestion
  - o Fatigue