

## Health screening

**1. Have you been in close contact (within 6 feet for longer than 15 minutes cumulatively) with someone who has tested positive for or has been diagnosed with COVID-19 in the past 14 days?**

**2. Do you currently have any of the following symptoms:**

fever over 100

cough

shortness of breath or chest pain

headache

sore throat

nasal congestion unrelated to seasonal allergies

muscle aches

chills

loss of smell and taste

nausea, vomiting or diarrhea?

**If your answers to any of the above are yes, please stay home and contact your physician for guidance on testing.**

**If your answers to the above are all no, you are cleared to practice today. Please wear a mask, practice social distancing and good hand hygiene. THANK YOU!**