

## COVID-19 HEALTH SCREENING

## PLEASE ANSWER "YES" OR "NO" TO EACH QUESTION

Do you (or any of your close contacts) have...

- Fever? 100.4 F or higher
- Chills?
- Cough?
- Shortness of breath?
- Sore throat?
- Muscle aches?
- Headache?
- New loss of smell or taste?

## SEMMCHRA BUILDINGS

For any "YES", can you attribute this to another health condition?

If not, please contact your healthcare provider & stay home until you are better. You will not be admitted into SEMMCHRA facilities.

