

STOP!!!!

Please Read Before Entering

CORONAVIRUS RISK ASSESSMENT

In the past 2 weeks have you, or someone with you today, had **new**:

- 1) cough, wheeze, chest tightness, or shortness of breath?
- 2) feverish feeling?
- 3) measured temperature above 100F?
- 4) chills?
- 5) headaches
- 6) sore muscles or joints
- 7) sore throat?
- 8) diarrhea?
- 9) nausea or vomiting?

- 10) extreme fatigue?
- 11) abdominal pain?
- 12) loss of sense of smell and/or taste?

13) Have you or someone with you today travelled out of state in the past 2 weeks?

14) Have you or someone with you today had known exposure to a person with coronavirus?

If you answer YES to any of these questions, please call before entering:

785-842-3778