

# Health Screening

1. Do you currently have a fever?
2. Do you have a cough?
3. Are you experiencing any respiratory issues?
4. Have you been in close contact with anyone who has a confirmed case of coronavirus, or someone who is in the process of being treated for coronavirus (COVID-19)?

**If you answered “Yes” to any of the questions, you must return home!**

**If you answered “No” to all questions, please proceed.**