Entry Screening Questions
Revised 1.5.22

Today or within the last 24 hours, have you experienced any of the following:

- Feel like you have or had a fever?
- New or worsening cough?
- Trouble breathing?
- New or worsening body aches?
- Sore throat, different from seasonal allergies?
- New loss of sense of taste or sense of smell?
- New or worsening diarrhea (not consistent with chronic medical conditions)

- Have you tested positive for COVID-19 in the last 10 days?

- Have you been exposed to a household or close family member who has tested positive for or is suspected of having COVID-19 in the past 10 days?