



**ENTER ONLY**  
if you answered  
“NO”  
to all questions.  
*Mask required*



**NO**  
symptoms

Have you experienced any of the following symptoms in the **past 48 hours**?

- Felt feverish or chills
- Cough (that is not usual for you)
- Shortness of breath
- Unusual fatigue; Muscle or body aches
- Headache presumable related to COVID-19
- New loss of taste or smell
- Sore throat;
- Nasal congestion or runny nose
- Nausea, vomiting, or diarrhea
- Felt like you had a cold or flu

**DO NOT ENTER**  
if you answered  
“YES” to any  
question.



**NO**  
COVID

Have you tested positive for COVID-19 in the **last 7-10 days** or are you worried that you may be sick with COVID-19?



**NO**  
contact

In the last two (2) weeks, have you been in close contact with someone who recently tested positive for COVID-19?

*Close contact is defined as:*

- being within 6 feet of the person for a total of 15 minutes or more over a 24 hour period, OR
- provided care at home to someone who is sick with COVID-19, OR
- had direct physical contact (i.e. hugged), shared eating or drinking utensils, been coughed or sneezed on by with someone who has COVID-19.



If you recovered from COVID-19 in the last 90 days or are up-to-date on vaccines, you may be able to enter only if you are NOT experiencing any symptoms.

A TRADITION OF CARING

