

## COVID-19 Health Screening for Visitation

Survey screening for Covid Self-Administration: YES or NO, have you had any of the following symptoms or experienced any of the situations listed below?

Yes / No

1. A new fever (100.4°F or higher) or a sense of having a fever?
2. A new cough that you cannot attribute to another health condition?
3. A new runny nose, congestion and/or sore throat that you cannot attribute to another health condition?
4. A new loss of taste or smell?
5. Have you had a positive test for the virus that caused COVID-19 disease within the past 10 days?

\*If you answered NO to all questions, you can proceed to visitation once screened by staff. Don't forget your face covering!

\*If you answered YES to any questions, wait for further instructions