

Screening Questions				
Have you been asked to self-quarantine because of COVID-19 <u>and</u> are you still within the quarantine period?	If No, Next Question	If Yes > DO NOT ENTER		
Within the past 14 days, have you been diagnosed with COVID-19 by a doctor?	If No, Next Question	If Yes > Have you received a clearance letter from the Department of Health?	If No > DO NOT ENTER	If Yes, Next Question
Within the past 14 days, have you had a positive test results for COVID-19 from a testing center or by the Department of Health?	If No, Next Question	If Yes > Have you received a clearance letter from the Department of Health?	If No > DO NOT ENTER	If Yes, Next Question
In the past 14 days, have you been in contact with anyone who you know has COVID-19?	If No, Next Question	If Yes > DO NOT ENTER		
Within the past 14 days, have you had a fever above 100.4 degrees, chills, sore throat, body aches, or headaches?	If No, Next Question	If Yes > DO NOT ENTER		
Within the past 14 days, have you developed new shortness of breath, difficulty breathing, or dry cough?	If No, Next Question	If Yes > DO NOT ENTER		
Have you recently developed a loss of taste or smell?	If No, CAN ENTER BUILDING	If Yes DO NOT ENTER		