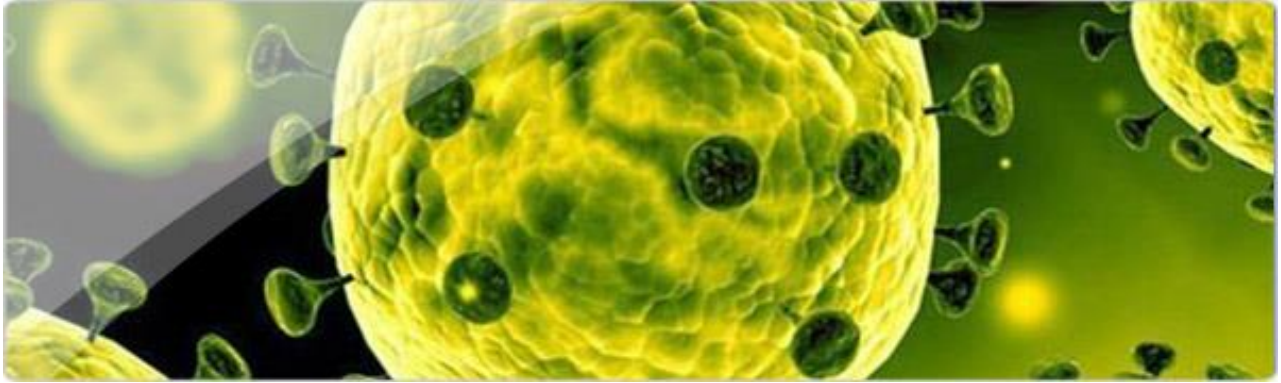


NOTICE



Screening for COVID-19

PLEASE DO NOT ENTER THE BUILDING

if you answer **YES** to any of the questions or without answering the questions.

1. Do you have any of the following symptoms: fever/feverish, new or exacerbation of chronic cough, difficulty breathing?

- Yes
- No

If you answer **YES** to question 1, self-isolate at home and contact 811 for further assessment.

2. Have you returned from China, Iran or Italy within the last 14 days or have you returned from any other out-of-country destination since March 13, 2020?

- Yes
- No

3. Have you had close contact with a confirmed or probable COVID-19 case?

- Yes
- No

4. Have you had close contact with a person being tested for COVID-19 ?

- Yes
- No

If you answer **YES** to questions 2, 3 or 4, self-isolate at home. If symptoms develop, contact 811.