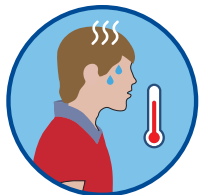




COVID-19

**Do you have any
of the following (new or worsening):**



**Fever 100.4
or higher**



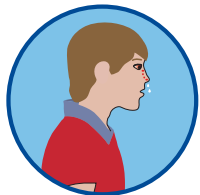
Cough



Difficulty breathing



**Sore throat,
trouble swallowing**



**Runny nose or
red eyes**



**Loss of taste or
smell**



**Not feeling well,
tired or sore muscles**



**Nausea, vomiting,
diarrhea**



**Have you been in close contact with someone who has
confirmed COVID-19 in the past 14 days?**



**Have you returned from travel outside Connecticut to any
areas included in the current travel advisory in the past 14
days?**



**If you answered YES to any of these questions, go
home & self-isolate right away. Call your health care
provider, to find out if you need a test.**

<https://covid19.apple.com/screening>



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SCAN ME