

# WELCOME!

We're happy to see you.



*How are you feeling?*

1. In the past 24 hours, have you experienced:

- Fever (100.4°F or higher)
- Shortness of breath
- Cough
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

2. Have you had close contact with a confirmed COVID-19 patient while that person was ill within the past 14 days?

If your answer to either question is **YES**, we ask that you please return home and contact your doctor for direction. **Please do not enter the building.**

We are committed to the safety of our residents, employees, and visitors.  
Thank you for assisting our efforts.