

# HELP STOP THE SPREAD

## HEALTH SCREENING QUESTIONS

- 1 Have you been in close contact with a confirmed case of Covid-19?
- 2 Are you experiencing a new cough, shortness of breath or a sore throat?
- 3 Have you had a new fever in the last 24 hours?
- 4 Have you had new loss of taste or smell?
- 5 Have you had new vomiting or diarrhea in the last 24 hours?