

**You must be able to answer “no” to all the following questions in order to enter the building:**

- 1. Have you or anyone in your household experienced any flu-like symptoms in the past 48 hours? (i.e. fever, cough, body aches, shortness of breath, sore throat, upset stomach)**
- 2. In the past 10 days, have you had close contact with someone who is currently sick with suspected or confirmed COVID-19?**
- 3. In the past 10 days, have you been sick with suspected or confirmed COVID-19?**