



WELCOME

IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS:

- **Fever or Chills**
- **Shortness of Breath or Difficulty Breathing**
- **Diarrhea**
- **Sore Throat**
- **Nausea or Vomiting**
- **Congestion or Runny Nose**
- **Headache**
- **Cough**
- **Repeated Shaking with Chills**
- **Chills**
- **Fatigue**
- **Muscle or Body Aches**
- **New Loss of Taste or Smell**

- **POSITIVE COVID-19 test result in which you have not been medically cleared.**
- **If not fully vaccinated and if you had close contact in the last 14 days with an individual diagnosed with COVID-19 in which you have not been medically cleared.**

PLEASE DO NOT ENTER
THANK YOU!