

COVID-19 SELF-SCREENING REQUIRED BY THE CDC

DO NOT ENTER IF:



You have **symptoms** (fever, cough, or shortness of breath)



You have **tested positive** for COVID-19 in the past 10 days



You have been in **close contact** (within 6 feet for at least 10 minutes) with anyone who was positive with COVID-19 during the contact

Thank you for your kindness and understanding.



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