# Screening Questions:

1.            Do you have any of the following symptoms, or pending COVID-19 test because you were having any of the below symptoms?

•             Fever  
•             Chills  
•             Body aches  
•             Cough  
•             Shortness of breath  
•             Sore throat  
•             New onset loss of smell or taste  
•             New onset of vomiting or diarrhea

 2.            Do you have a pending COVID-19 test without any of the symptoms previously mentioned?

3.            In the last 14 days, have you been exposed to anyone with a lab confirmed COVID-19 test or have you had a COVID-19 positive test result?

 Anyone responding "yes" to any of the three questions should be excluded.