# 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.