



HEALTH SCREENING

- 1. Have you had any COVID19 symptoms in the past 14 days (fever, cough, sore throat, shortness of breath, or difficulty breathing)?**
- 2. Have you had a positive COVID19 test in the past 14 days?**
- 3. Have you been in close contact with a confirmed or suspected COVID19 case in the past 14 days?**
- 4. Have you travelled to any of the states that are on New York State's travel advisory list in the last 14 days?**

The list can be viewed at: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>

If you answer "YES" to any of the questions, please refrain from entering our facility. You should also contact your medical provider. Thank you for your honesty and cooperation in keeping our community safe.