

STOP

HAVE YOU SELF- SCREENED TODAY?

HAVE YOU RECENTLY EXPERIENCED ANY
OF THE FOLLOWING IN A WAY THAT IS
NOT NORMAL FOR YOU?



Feeling feverish or a
temperature of
100.0 F degrees or
higher



Loss of taste
or smell



Coughing



Difficulty
breathing or
shortness of
breath



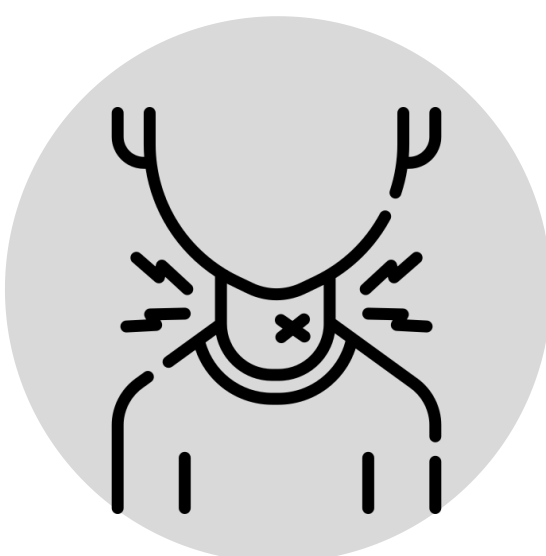
Significant
muscle pain or
aches



Headache



Chills



Sore throat



Vomiting or
diarrhea



Shaking or
exaggerated
shivering

