Current CDC COVID Screening Questions

- Have you experienced any of the following symptoms in the past 48 hours?
 - Fever or chills
 - o Cough
 - Shortness of breath or difficulty breathing
 - o Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - $\circ~$ Nausea or vomiting
 - o Diarrhea
- Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who Is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?
- Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?
- Are you currently waiting on the results of a COVID-19 test?

If you answered YES to any of these questions, admission to the HRCA activity is denied.