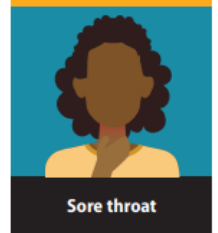
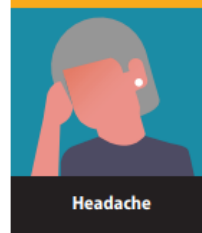
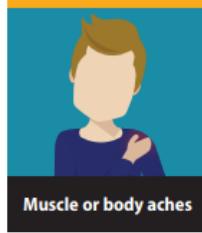
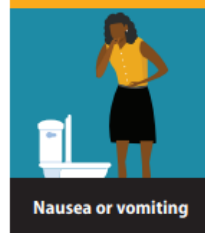
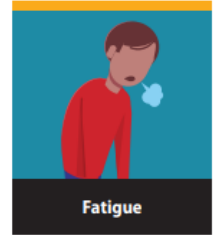
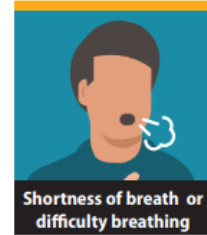
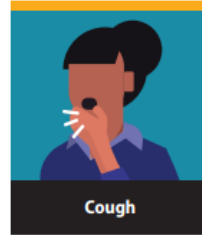
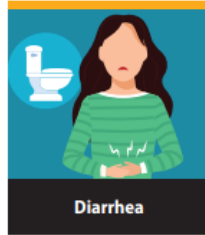



# Symptom Screening Prior to Entry

As required by the County Health Officer


And according to the Centers for Disease Control (CDC)



1.  **Yes**, I currently am experiencing (or have experienced in the past 14 days) one or more of the symptoms of COVID-19 above, that are new to me, and that I can confirm are not related to any ongoing condition that I have previously or regularly experienced (i.e., seasonal allergies, migraines, sore throat, chronic mild chest congestion associated with common cold, etc.)




**No**, as of today, and in the past 14 days, I have not experienced any symptom of COVID-19 above.

2.  **Yes**, I am currently taking a medication (prescription or over-the-counter) that that may mask or disguise the symptoms of COVID-19?



**No**, I am not currently taking any medication (prescription or over-the-counter) that that I am aware may mask or disguise the symptoms of COVID-19?


3.  **Yes**, someone in my household, or someone I have come in close contact with (within 6 feet for 15 minutes or more), is ill or presenting the symptoms of COVID-19 above.



**No**, nobody in in my household, or that I have come in close contact with (within 6 feet for 15 minutes or more), is ill or presenting the symptoms of COVID-19 above.



**Wait until at least 1 day (24 hours) has passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); and, at least 10 days have passed since symptoms first appeared.**

4.  **Yes**, in the last 14 calendar days, I traveled out of the U.S.  
**Stay home for 14 days from the time you returned home from travel.**



**No**, in the last 14 calendar days, I did not travel

