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 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 travelled out of the U.S. or to an area in the U.S. that has community spread. **Stay home for 14 days from the time you returned home from travel.**

   **Yes**, In the last 14 calendar days, I have traveled to a county that has community spread (i.e. a county on the “monitor list”) for a reason other than an essential function (i.e., doctor, grocery, etc)?

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