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| **1** | Have you, or anyone in your family, been in contact with a person that has tested positive for COVID-19? |
| **2** | Have you, or anyone in your family, been in contact with a person that is in the process of being tested for COVID-19? |
| **3** | Have you, or anyone in your family, traveled outside of the United States within the last 14 days? |
| **4** | Have you been medically directed to self-quarantine due to possible exposure to COVID-19? |
| **5** | Are you currently having trouble breathing or have flu-like symptoms within the past 48 hours, including: Fever, Cough, Shortness of Breath, Sore Throat, Runny/Stuffy Nose, Body Aches, Chills, or Fatigue? |

**If you answer yes to any of these questions, please contact [enter name at XXX-XXX-XXXX] before entering the premises. Thank you.**

**Our offices are open, however, please read the questions below.**