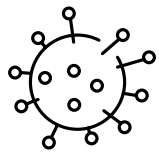


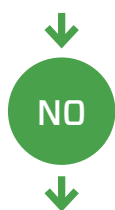
SELF ASSESSMENT



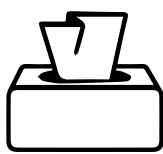
Have you been diagnosed with COVID-19?



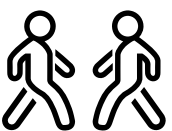
Have you had a fever in the last 24 hours?



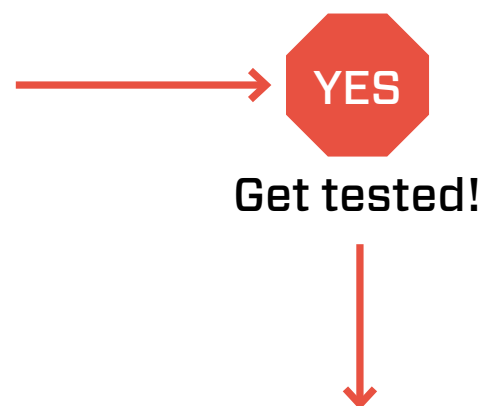
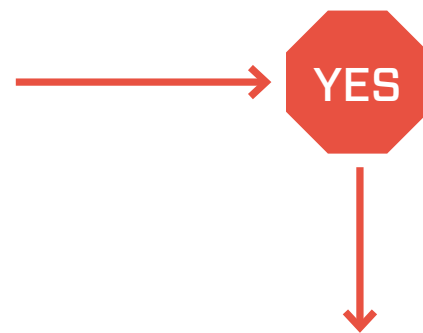
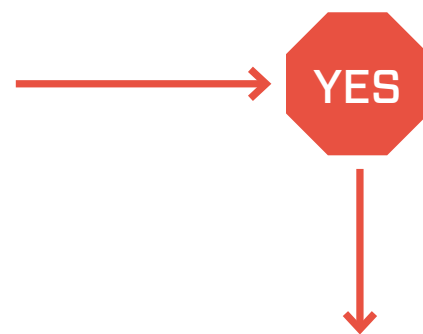
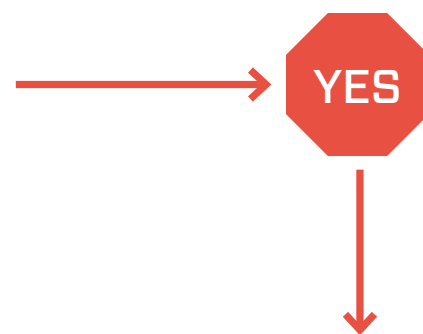
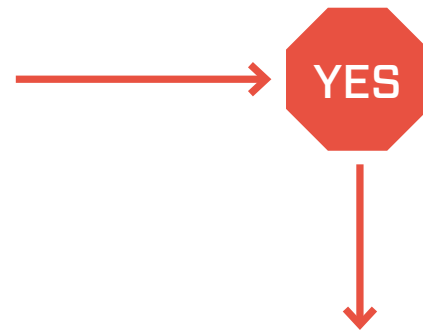
Have you had a cough, sore throat, headache, body ache, loss of taste or smell, or trouble breathing in the last 24 hours?



Have you had a runny nose, stuffy nose, or sneezed frequently in the last 24 hours (not related to allergies)?



Have you been in close contact with someone with a confirmed or suspected case of COVID-19 in the past 14 days?



Come on in!

Stay Home,
Stay Safe