





# Please Let Us Know

In the past 10 days, have you tested positive for COVID-19?  
or  
contact with a person with known/suspected COVID-19?

Do you have any of the following?



Fever  
99.5° or higher



Shortness  
of breath



Vomiting or  
diarrhea



Rash bubbles



Cough



Sore throat



Loss of smell or taste

Masking is now optional at this location