

COVID Self-Check List

Have you recently begun experiencing any of the following in a way that is not normal for you?

- Feeling feverish or have an elevated, measured temperature
- Loss of taste or smell
- Cough
- Difficulty breathing
- Shortness of breath
- Fatigue
- Headache
- Chills
- Sore throat
- Congestion or runny nose
- Shaking or exaggerated shivering
- Significant muscle pain or ache
- Diarrhea
- Nausea or vomiting

If **yes**, please report to the nurse or do not enter the facility.

If **no**, then please enter. Your entrance signifies that you have self-checked and are free from the symptoms of COVID.