Do you have one of the following symptoms?

- Cough
- Shortness of breath
- Sore throat
- Diarrhea
- Loss of smell or taste
- Fever (>100.4 deg F) or feeling feverish
- Chills
- Body aches

OR

Have you been diagnosed with COVID-19 in the last 21 days?

☐ If yes  □ If no

Wear a mask AND someone at the desk will give you further instructions

ACTIONS for STAFF:  If yes: Mask patient and direct patient to a designated COVID care location
 If no: Mask patient and direct patient to a designated non-COVID location