

PLEASE BE PREPARED TO ANSWER THE FOLLOWING QUESTIONS UPON ARRIVAL.

DO YOU NOW, OR HAVE YOU DURING THE PAST 14 DAYS, EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS?

- A new deep or persistent cough (either dry or productive of phlegm)
- Excessive or unusual fatigue and have not received a COVID vaccine/booster within the past 48 hours
- Muscle or body aches not related to physical exertion or injury and have not received a COVID vaccine/booster within the past 48 hrs.
- A fever of 100.4 or higher or chills and have not received a COVID vaccine/booster within the past 48 hours
- Headache or sinus congestion and have not received a COVID vaccine/booster within the past 48 hours
- New onset of sore throat or sinus congestion (e.g., not allergy related)
- Difficulty breathing (feeling winded or struggling to draw in a full breath)
- New loss of taste or smell
- Nausea, vomiting, or diarrhea
- Symptoms that required COVID 19 testing and are awaiting results

DURING THE LAST 14 DAYS, BEEN EXPOSED TO A HOUSEHOLD MEMBER OR CLOSE CONTACT FOR WHICH ANY OF THE FOLLOWING APPLY:

- They were experiencing symptoms
- They are awaiting the results of a COVID-19 test
- They have tested positive for COVID-19
- Received a positive COVID-19 test result within the last 5 days?

****IF YOU ANSWER YES TO ANY OF THESE QUESTIONS YOU WILL NOT BE ALLOWED TO COME ONSITE****

OUT OF CONSIDERATION TO OTHERS, PLEASE TUNE IN TO THE LECTURE VIA ZOOM IF YOU DON'T FEEL WELL