COVID-19 TESTING



GET TESTED IF YOU HAVE:

- 1. A FEVER, COUGH, SHORTNESS OF BREATH, OR FLU-LIKE SYMPTOMS
- 2. BEEN AROUND SOMEONE WHO HAS TESTED POSITIVE FOR COVID-19

NEXT WEEK'S LOCATIONS







[LOCATION] [ADDRESS] [PHONE NUMBER] [00:00 a.m - 00:00pm] [00:00 a.m - 00:00pm] [00:00 a.m - 00:00pm]

[LOCATION] [ADDRESS] [PHONE NUMBER]

[LOCATION] [ADDRESS] [PHONE NUMBER]

REGISTER TODAY AT:

- [WEB ADDRESS URL]
- [PHONE NUMBER]

TESTING PROVIDED BY:

[LOCATION] **[LOCATION]**

