

## **PASSIVE SCREENING:**

## If you have any of the following symptoms:

## PLEASE SANITIZE YOUR HANDS AND EXIT THE FACILITY

Fever and/or chills	Temperature of 38 degrees Celsius/100 degrees Fahrenheit or higher.
Cough or barking cough (croup)	Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have.
Shortness of breath	Not related to asthma or other known causes or conditions you already have.
Decrease or loss of smell or taste	Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have.
Muscle aches/joint pain	Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have).
	If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select "No."
Fatigue	Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have).
	If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select "No."
Sore throat	Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have).
Runny or stuffy/congested nose	Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have.

Headache	New, unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have.  If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing a headache that only began after vaccination, select "No."
Nausea, vomiting and/or diarrhea	Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have.