CCES Health Screening Questions

1. Have you had close contact (within 3-6 feet for at least 15 minutes) with someone who has confirmed or suspected COVID-19 or is in quarantine for possible exposure in the last 24 hours?

2. Have you experienced any of the following during the last 24 hours?

LOW-RISK SYMPTOMS (NEW OR UNUSUAL):
- Headache
- Fatigue
- Congestion/Runny nose
- Sore throat
- Muscle or body aches/chills
- Nausea or vomiting
- Diarrhea

HIGH-RISK SYMPTOMS
- Fever 100.4 or higher
- Cough - new or worsening
- Shortness of breath/difficulty breathing
- Loss of taste or smell

#CAVSUNITE If you answer YES to either question, please remain at home and refer to the COVID-19 Symptom and Exposure Situations chart.