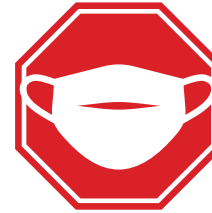


# VISITOR & VOLUNTEER HEALTH SCREENER



**All VISITORS and VOLUNTEERS** requesting entrance to a CCPS building will be screened



**REQUIRED:** A face covering must be worn by all visitors and volunteers

**HAVE YOU** had any one of the following symptoms in the last 24 hours?



**COUGH**



**SHORTNESS OF BREATH OR DIFFICULTY BREATHING**



**FEVER**



**CHILLS OR REPEATED SHAKING WITH CHILLS**



**MUSCLE PAIN**



**HEADACHE**



**SORE THROAT**



**NEW LOSS OF TASTE OR SMELL**

**REQUIRES 10-day isolation upon symptom onset**

**OR**



**Have you, or someone you are in contact with, been tested for COVID-19 or under investigation for COVID-19?**

**IF NO**



**APPROVED TO ENTER**



**PERFORM HAND HYGIENE**



**WEAR FACE COVERING**

**IF YES**



**NOT APPROVED DENIED ENTRANCE**