

# Before Your Visit: Perform a Self-Assessment

**Before entering our facilities or properties, perform a self-assessment by answering the following questions:**

1. Do you have ONE or more of the following symptoms that is unusual for you: fever (temperature of 100.4°F or greater) or feel feverish; cough; shortness of breath/difficulty breathing; chills; repeated shaking with chills; muscle pain; headache; sore throat; loss of taste or smell; general unwell feeling? Take your temperature using a reliable thermometer according to the manufacturer's specifications.
2. Are you treating a fever, aches and/or pains with prescription or over-the-counter fever/pain reducers, such as Tylenol, Aleve, Motrin, acetaminophen, naproxen sodium and ibuprofen?\*
3. Are you treating a cough with prescription or over-the-counter cough suppressants, such as Robitussin or Delsym?\*
4. Have you had close contact with anyone who, in the last 14 days, has been suspected of having or diagnosed with COVID-19?

**The CDC defines close contact as:**

- Being within approximately 6 feet of a COVID-19 case for approximately 10 minutes or longer; or
  - Having direct contact with infectious secretions of a COVID-19 case, such as being coughed on.
5. Have you traveled internationally in the past 14 days?
  6. Are you currently infected with COVID-19?

## **Results and Actions**

- **If you answered “yes” to any of these questions:**
- **Please CANCEL your visit**