

**ATTENTION**



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# COVID-19 Screening Tool

Do you have one of the following symptoms?



**Fever**



**Loss of sense of  
smell or taste**

Or two of the following symptoms?



**Runny nose**



**Sore throat**



**Headache**



**New onset of fatigue**



**New or  
worsening cough**



**Diarrhea**



**Difficulty  
breathing**



**In children, purple  
markings on the  
fingers and toes**

If you answered 'YES',  
**GET TESTED**

If you answered 'NO',  
**YOU MAY ENTER**