

<b>Date</b>	
<b>Time</b>	

Questions	NO	YES	If YES:
1 Have you been in close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 in the last 14 days?	<input type="radio"/>	<input checked="" type="radio"/>	<i>Stay home for 14 days. Call your health provider for possible COVID-19 testing.</i>
2 Has any health department or health care provider advised you to stay home or quarantine in the last 14 days?	<input type="radio"/>	<input checked="" type="radio"/>	<i>Stay home and follow your health provider's instructions.</i>
3 Have you or anyone in your household tested positive for COVID-19 in the last 14 days?	<input type="radio"/>	<input checked="" type="radio"/>	<i>Stay home and follow your health provider's instructions.</i>
4 Have you tested for COVID-19 within the past 14 days and results are pending?	<input type="radio"/>	<input checked="" type="radio"/>	<i>Stay home and follow your health provider's instructions.</i>
5 Do you have: a temperature greater than or equal to 100.4° F, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea?	<input type="radio"/>	<input checked="" type="radio"/>	<i>Stay home. Stay away from others. Call your health provider for evaluation and possible COVID-19 testing.</i>
6 Have you traveled internationally within the last 14 days?	<input type="radio"/>	<input checked="" type="radio"/>	<i>Stay home for 14 days.</i>
7 A BARRINGTON 220 REPRESENTATIVE WILL COMPLETE A TEMPERATURE CHECK. Does visitor have a temperature greater than or equal to 100.4° F?	<input type="radio"/>	<input checked="" type="radio"/>	<i>Send visitor home.</i>

**If NO to all,  
OK to enter.**

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