



**IF YOU ANSWER “YES” TO ANY OF THESE QUESTIONS,  
PLEASE DON’T ENTER.**

1. Have you, someone in your household, someone with you or someone you are caring for had close or frequent contact with a person **diagnosed with COVID-19 (Coronavirus)** or a **confirmed case of COVID-19**?
2. **In the last 14 days**, have you or someone living in your household or someone you have been caring for, been in close or frequent contact with someone returning from, or made a travel connection through a CDC Level 3 or Level 2 country (China, Iran, South Korea, most of Europe, UK or Ireland)?
3. Do you currently have or **within the last 24 hours** have had any **cold or flu symptoms, a fever higher than 100.4 or shortness of breath and/or coughing?**