

# STOP

## DO NOT ENTER IF...

**you have experienced any of these symptoms in the past 10 days, and they are new to you.**



**FEVER**  
( $>37.8\text{C}/100.04\text{F}$ )



**COUGH**  
(NEW OR WORSENING)



**HEADACHE**  
(UNUSUAL OR LONG-LASTING)



**SORE THROAT**  
OR DIFFICULT SWALLOWING



**SHORTNESS OF BREATH**  
OR DIFFICULTY BREATHING



**LOSS OF SMELL OR TASTE**



**EXTREME TIREDNESS**  
FATIGUE



**NAUSEA/ VOMITING, DIARRHEA**



**MUSCLE ACHES OR JOINT PAIN**  
(NOT RELATED TO RECENT VACCINE)



**RUNNY OR STUFFY NOSE**  
WITH UNKNOWN CAUSE



**CONJUNCTIVITIS**  
"PINK EYE"

**Thank you for helping us to keep our patients, visitors and staff safe.**