#CareForSelf&Others #StopTheSpread









Symptoms?

TRUE or FALSE





I do **not** have **ANY** of the following unusual symptoms:

- Fever of 100.4 or higher
- Fatigue
- Shortness of breath
- Cough
- Headache
- Sore throat
- Loss of taste or smell
- Unexplained body aches.

Covid-19 Contact?









Within the last 10 days I have **not** had contact with anyone who has been diagnosed with or who may have symptoms associated with COVID-19.

Consider your answer "True" if you are fully vaccinated against SARS-CoV-2.

Travel?



TRUE or FALSE





I have **not** traveled outside of the United States of America in the last seven days.

Consider your answer "True" if you are fully vaccinated against SARS-CoV-2.

Face Covering?

TRUE or FALSE





I have a face covering and willing to wear it inside if the place I'm going requires it.

IF ALL FOUR STATEMENTS ARE TRUE

you may gather with a group of people with minimal risk of exposing others to Covid-19.

