BEFORE ENTERING

PLEASE READ AND ANSWER THE QUESTIONS BELOW:

- Have you had **ANY** of the following **symptoms** of COVID-19 infection in the **last 7 days?**
  - **COUGH** (either new or different than your usual cough)
  - **FEVER** or **CHILLS** (either believed or measured)
  - **SORE THROAT**
  - **HEADACHE** or unusual muscle pain
  - **DIARRHEA**
  - **SHORTNESS OF BREATH** or difficulty breathing
  - **LOSS OF TASTE** or **SMELL**
  - **CONGESTION** or **RUNNY NOSE**
  - **NAUSEA** or **VOMITING**

- Have you had a **positive test** for **COVID-19** infection within the **past 10 days?**

- In the **past 10 days**, have you been **within 6 feet** for longer than 15 minutes **with someone** who has **suspected** or **confirmed COVID-19 infection?**

Salisbury UNIVERSITY

Learn more: **www.salisbury.edu/coronavirus**

Get a copy of this poster and others: www.salisbury.edu/COVIDsigns