<u>DO NOT</u> ENTER THE BUILDING IF YOU ANSWER <u>YES</u> TO ANY OF THE FOLLOWING QUESTIONS:

1. Have you been in close contact with a confirmed case of COVID-19?

2.Are you experiencing a cough, shortness of breath, or sore throat?

3. Have you had a fever in the last 48 hours?

4. Have you had a new loss of taste or smell?

5.Have you had vomiting or diarrhea in the last 24 hours?

6.Has someone in your household been experiencing any of the above?

If you answered yes to any 1 of these questions, please use the drive through

