



COVID-19 Screening Steps

Follow this questionnaire to screen yourself for COVID-19 and other respiratory viruses.

If you answer **YES** to ANY of these questions, please follow the guidance provided.

1. Do you have ANY of these new or worsening symptoms*?

A) One or more:



Fever >37.8°C and/or chills



Cough



Trouble breathing



Decrease or loss of taste/smell

B) Two or more:



Sore throat



Headache



Feeling very tired



Runny nose/congestion

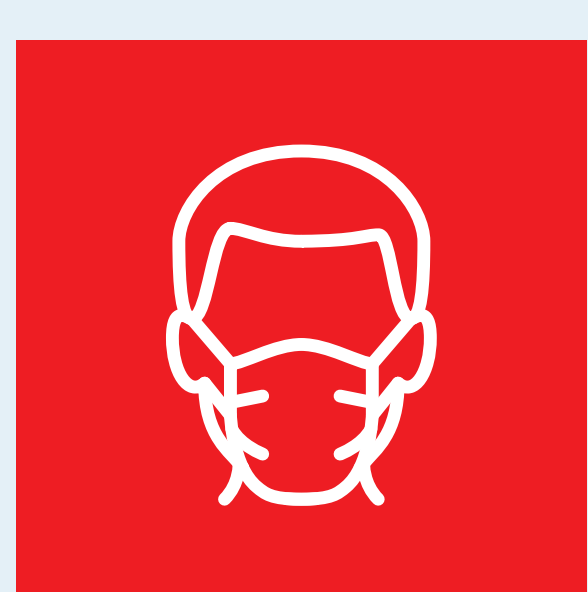


Muscle aches/joint pain



Nausea/vomiting/diarrhea

2. Have you tested positive for COVID-19 in the last 10 days and have symptoms?



If **YES** to Questions 1 or 2, stay home, self-isolate and follow extra measures.**

3. Do you have only one symptom from Question 1(B) or ANY of the following or worsening symptoms?



Abdominal pain



Pink eye



Decreased or no appetite



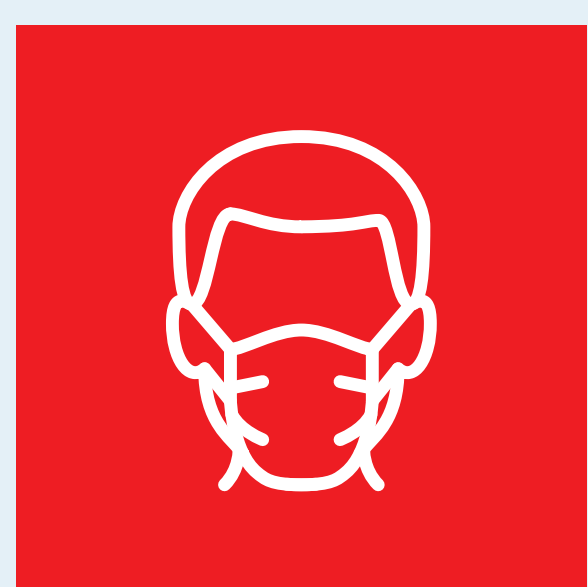
If **YES**, stay home until your symptom is improving for 24 hours (48 hours for nausea/vomiting/diarrhea) and you do not have any new symptoms.

4. Have you been told that you should be quarantining, isolating or staying at home (e.g., by a doctor, federal border agent, public health)?



If **YES**, stay home and follow instructions you were given.

5. Have you been told you are a close contact of someone who has symptoms OR someone who has tested positive for COVID-19?



If **YES**, follow extra measures** AND if symptoms* develop, self-isolate right away.

*If the symptom is from a known health condition that gives you the symptom, answer "No". If the symptom is new, different or getting worse, answer "Yes". If there is mild fatigue, sore muscles or joints within 48 hours after a COVID-19 or flu vaccine, answer "No".

**Following extra measures means: Wearing a well-fitted mask in all public settings, avoiding activities where you need to take off your mask and not visiting people or settings at higher risk.



Fairview Parkwood
COMMUNITIES

Thank you for helping us keep everyone safe.