1. Have you had a positive COVID-19 diagnostic test in the past 14 days?

2. Have you had close contact with a confirmed or suspected COVID-19 case in the past 14 days?

3. Have you experienced any of the following symptoms in the past 24 hours: fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, headache or new loss of taste or smell?

4. Have you traveled outside NYS for more than 24 hours to a known area of significant community spread in the last 14 days?

If you answered yes to any questions, please do not enter. Visit our website for more information.