



# HEALTH ASSESSMENT

- 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.