



JCC Indianapolis

# COVID-19 Health Screening

## Screening Questions

- In the last 14 days, have you experienced any COVID-19 symptoms?
  - Fever (100.4°F or greater) or chills
  - Fatigue
  - Sore throat
  - Cough
  - Muscle or body aches
  - Congestion or runny nose
  - Shortness of breath
  - Headache
  - Nausea or vomiting
  - Difficulty breathing
  - New loss of taste or smell
  - Diarrhea
- In the last 14 days, have you or a member of your household had COVID-19 or been exposed to someone who has COVID-19, is suspected of having COVID-19 or has experienced COVID-19 symptoms?

**If ALL of the above are NO, you can now proceed into the building.**

**If ANY of the above are YES, you WILL NOT BE ALLOWED to enter the building.** Please contact your health provider for further guidance.

