Temperature Check: Is the reading 100.4 degrees F or higher? ………

Have you or a close contact tested positive for COVID-19? ……………

Are you currently experiencing any of the symptoms listed on the back of this page? ………………………………………………………………

Have you experienced those symptoms within the past 14 days? …...

Have you experienced vomiting or diarrhea in the past 5 days? ………

Do you know that you have been in close contact (more than 15 min) with anyone who has tested positive for COVID-19 or who has had symptoms without being tested within the past 14 days? ……………

Have you traveled outside the country or from any US state listed on the back of this page in the past 14 days? …………………………….

Have you flown on a commercial airliner or traveled via other form of public transit within the past 14 days? …………………………………

Have you been in public and interacting with people beyond your immediate household members without practicing social distancing or without wearing a face mask in the past 14 days? ………………..

Do you have any reason to think that you might be an asymptomatic carrier of the COVID-19 virus? ………………………………………….

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If you answered “**YES**” to any of the questions above, **DO NOT enter!**

Please remain in the quarantine / temperature-check area until the Center’s Director or one of the Associate Directors can speak with you further regarding your answers.

**If you might have the COVID-19 virus, please GO HOME!**

If you answered “NO” to all questions above, please sign below.  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

If you answered all questions above as “NO” then you may enter the rest of the building after donning a face-mask. Please practice social distancing at all times, maintaining a distance of 6 foot or more between yourself and others, for the safety of all.

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

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**Symptoms of COVID-19**

The symptoms of COVID-19 can include:

Cough, Chills, Muscle pain

Fever (Temp >100.4)

Shortness of breath or difficulty breathing\*

Sore throat

New loss of taste or smell

**Vomiting and diarrhea**

**Rash on body and in mouth**

Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

\*Seek medical care immediately if someone has emergency warning signs of COVID-19.

1. **Trouble breathing**
2. **Persistent pain or pressure in the chest**
3. **New confusion**
4. **Inability to wake or stay awake**
5. **Bluish lips or face**

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

**cdc.gov/coronavirus**

317142-B May 20, 2020 12:58 PM

**Visitors must inform the FIC if they have traveled within the past 14 days to the listed states:**

States requiring 14-day self-quarantine upon entering New Jersey (updated 7/21/2020) now includes:

* Alabama *(added 6/24/20)*
* Alaska (*added 7/21/20*)
* Arkansas *(added 6/24/20)*
* Arizona *(added 6/24/20)*
* California *(added 6/30/20)*
* Delaware (*re-added 7/21/20*)
* Florida *(added 6/24/20)*
* Georgia *(added 6/30/20)*
* Iowa *(added 6/30/20)*
* Idaho *(added 6/30/20)*
* Indiana *(added 7/21/20)*
* Kansas *(added 7/7/20)*
* Louisiana *(added 6/30/20)*
* Maryland *(added 7/21/20)*
* Mississippi *(added 6/30/20)*
* Missouri *(added 7/21/20)*
* Montana *(added 7/21/20)*
* Nebraska (*added 7/21/20)*
* Nevada *(added 6/30/20)*
* New Mexico *(added 7/14/20)*
* North Carolina *(added 6/24/20)*
* North Dakota *(added 7/21/20)*
* Ohio *(added 7/14/20)*
* Oklahoma *(added 7/7/20)*
* South Carolina *(added 6/24/20)*
* Tennessee *(added 6/30/20)*
* Texas *(added 6/24/20)*
* Utah *(added 6/24/20)*
* Virginia *(added 7/21/20)*
* Washington *(added 7/21/20)*
* Wisconsin *(added 7/14/20)*