

Can you answer "NO" to ALL of the following questions?

Q 1: In the past 24 hours, have you experienced any symptoms of COVID-19?

- Fever of 100.4° F or higher
- Respiratory symptoms (runny nose, sore throat, cough, or shortness of breath)
- Flu-like symptoms such as muscle aches, chills, and severe fatigue
- Gastrointestinal symptoms such as nausea, vomiting, or diarrhea
- Changes to your sense of taste or smell

Q 2: In the past 10 days, have you had any close contact with someone suspected or confirmed to have COVID-19?

Q 3: In the past 10 days, have you been outside of New England (NH, VT, ME, MA, CT, and RI)?