

PLEASE STAY HOME,

IF YOU ANSWER 'YES' TO ANY OF THESE QUESTIONS:

1. Are you currently feeling ill or experiencing any of the symptoms associated with COVID-19, such as cough, shortness of breath or difficulty breathing, fever or chills, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea?

2. Have you had close contact with or cared for someone diagnosed with or who has tested positive for COVID-19 within the last 14 days?

3. Have you traveled out of the state within the past 14 days?