

COVID SCREENING

DO NOT ENTER THE FACILITY

Contact the COVID Infection Control Nurse with any COVID symptoms or exposures:

(360) 669-9125

Do you have any of these symptoms that are not caused by another condition?

1

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Recent loss of taste or smell
- Sore throat
- Congestion
- Nausea or vomiting
- Diarrhea

2

Have you been in close contact with anyone with COVID-19 in the past 14 days?

Close contact is being within 6 feet for 15 minutes or more over a 24-hour period with a person; or having direct contact with fluids from a person with COVID-19 with or without wearing a mask (i.e., being coughed or sneezed on).

3

Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?

4

Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

