



VISITOR ALERT!

If you have any of the following COVID-19 symptoms at the time of your visit, or if any of the screening statements below are not true, please do not enter this building. Please plan your visit for another time.

Congestion	Difficulty breathing	Loss of taste or smell	Runny nose
Cough	Fatigue	Muscle/body aches	Shortness of breath
Diarrhea	Fever/chills	Nausea	Sore throat

- **I have not tested positive for COVID-19 in the past 10 days.**
- **I meet one or more of the following additional screening requirements:**
 - I have been fully vaccinated against COVID-19; OR
 - I have recovered from a documented COVID-19 infection in the last 3 months; OR
 - I have NOT been fully vaccinated against COVID-19 or prefer not to disclose my vaccination status; however, I affirm that the following statements are true:
 - I am not currently waiting on the results of a COVID-19 test
 - I have not travelled internationally in the past 10 days
 - I have not been in close physical contact in the last 10 days with:
 - anyone who has been laboratory-confirmed as COVID-19 positive
 - anyone who currently has any symptoms consistent with COVID-19

If the above statements are true, you are approved to enter this facility.

If any of the above statements are NOT true, please do not enter this facility.