



# County of Chester Coronavirus COVID-19 Visitor Screening

All visitors are required to complete the following screening questions before entering the building.

Do you or any family members with you have any of the following symptoms?

- Cough
- Shortness of breath
- Difficulty breathing

YES

STOP

NO

Do you or any family members have any of the following symptoms?

- Sore throat
- Muscle pain
- Chills
- Headache
- Lack of smell or taste (without congestion)

YES

STOP

NO

Are you or any family members taking any medication to treat or suppress a fever? (For example, acetaminophen or ibuprofen)

- Yes       No

YES

STOP

NO

Do you or any family members with you have a fever?  
(Based on screening at entry)

- Yes       No

YES

STOP

NO

## IF GO:

You may enter the building.

Be sure to:

- wear a mask at all times
- practice physical distancing
- go home immediately if you become sick

GO

**IF STOP** Based on your responses you may not enter the building. Please exit the building.