Please check the box nest to each question if you are able to answer **NO** to the question.

* Have any of you been exposed to a person with a positive case of COVID-19 in the past 14 days?
* Have any of you been exposed to a person with a presumptive case of COVID-19 in the past 14 days?
* Are any of you experiencing unusual cough, shortness of breath, or fever?
* Do any of you have symptoms of diarrhea, vomiting, headache, sore throat or rash?