

Have you
been **TESTED**
FOR COVID-19?

YES NO

Do you have
ANY SYMPTOMS
OF COVID-19 ?

YES NO



COVID-19 SYMPTOM CHECKER

<p>Headache <input type="checkbox"/></p>	<p>Any fever (including low-grade) <input type="checkbox"/></p>
<p>Runny nose or nasal congestion <input type="checkbox"/></p>	<p>Loss of sense of smell or taste <input type="checkbox"/></p>
<p>Cough and any trouble breathing <input type="checkbox"/></p>	<p>Sore throat <input type="checkbox"/></p>
<p>Achiness and chills <input type="checkbox"/></p>	<p>Nausea, vomiting or diarrhea <input type="checkbox"/></p>

IF YOU ANSWER "YES" STAY HOME

AND CALL THE COVID-19 HOTLINE: 502-452-0333, OPTION 2