

Screening Questions

Before entering all visitors must answer **No** to each question or be queried further.

1. Are you awaiting the results of a COVID-19 test?

If Yes: no entry.

2. Have you been in direct contact with a COVID-19 positive person in the past 10 days? “Direct contact” is defined as within 6 feet for 15 minutes.

If Yes. Were you tested for COVID?

If No: no entry.

If Yes: was the test positive?

If Yes: no entry.

If No: entry approved.

3. Have you had cold symptoms in the past 10 days? “Cold symptoms” include fever, cough, or sore throat.

If Yes. Were you tested for COVID?

If No: no entry.

If Yes: was the test positive?

If Yes: no entry.

If No: entry approved.

4. Have you tested positive for COVID-19 in the past 30 days?

If Yes: have you:

A) Received medical clearance to return to normal activity?

B) Subsequently had a negative test?

C) Completed a 10-day quarantine, recovered, and experienced no fever in the past 24-hours?

If Yes to A or B or C: Entry approved.

If No to A and B and C: No entry.

Have a question or comment? Email Dar Mikula, Covid Team Co-Chair, at DenaliDar@gmail.com.