



# LET'S STAY HEALTHY TOGETHER

For the safety and well-being of our members and staff, we ask you to please refrain from using the YMCA today if you answer YES to any of the following questions.

**1. Have you knowingly been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or anyone who has symptoms of COVID-19?**

**2. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?**

**3. Have you experienced any symptoms of COVID-19 in the past 14 days? Current symptoms include:**

- ◆ Fever
- ◆ New loss of taste or smell
- ◆ Dry Cough
- ◆ Fatigue
- ◆ Shortness of breath or difficulty breathing
- ◆ Nausea, vomiting, and/or diarrhea
- ◆ Congestion or runny nose
- ◆ Sore throat
- ◆ Muscle or body aches

**4. Have you traveled within a state with a significant community spread of COVID-19 for longer than 24 hours in the past 14 days? See the list below for current travel restricted states.**