# STOP

## DO NOT VISIT IF SICK

Answer the following questions honestly to assess whether or not services can be rendered:

- □ Are you ill, or caring for someone who is ill?
- □ Are you awaiting results for a recent COVID-19 test?
- □ Have you had contact with someone diagnosed with COVID-19?
- □ Have you had contact with someone with a suspected or assumed diagnosis of COVID-19?
- □ Have you lived in or visited a place with known COVID-19 cases or transmissions?
- □ In the last 14 days, have you traveled outside your normal, daily routine?

Are you experiencing the following symptoms:

- □ Fever or chills
- □ Cough
- □ Shortness of breath or difficulty breathing
- □ Fatigue
- □ Muscle or body aches
- □ Headache
- □ New loss of taste or smell
- □ Sore throat
- □ Congestion or runny nose
- □ Nausea or vomiting
- □ Diarrhea
- □ Seasonal Allergies

**Lash Brow And Beyond**

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