



# First Point of Contact Screening

\*\* We encourage everyone to wear a mask.

**YES**

**NO**

Fever

Cough and/or shortness of breath

Diarrhea

Nausea

Vomiting

Loss of smell

Loss of taste

Close contact with COVID-19 patient

\*\*\*If yes on any of these over the last 14 days then no admittance into the building will be allowed. Please keep in mind this is for your safety as well as the safety of others.

**YES**

**Meets Admittance Requirements**

**NO**

\*\*\*This screening is in no way a guarantee that you will not come in contact with someone carrying the COVID-19 virus. Therefore, upon meeting the admittance requirements you enter at your own risk.  
LFCC is not responsible if you contract the COVID-19 virus.