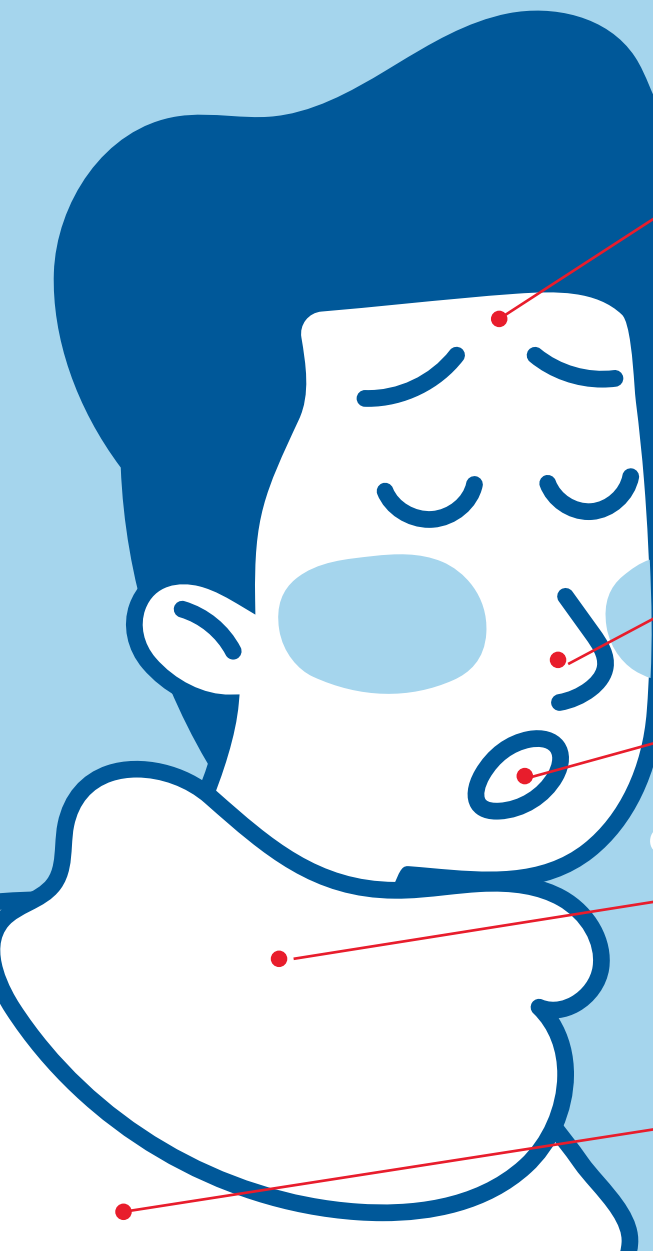


PLEASE, SELF-SCREEN PRIOR TO ENTERING



Have you had a temperature **over 100°F**, felt feverish (e.g., body aches, chills), or **used a fever reducer** in the previous 24 hours?

Have you recently been in **close contact** with someone who has been **diagnosed with COVID-19**?

Have you recently developed a **complete loss of smell or taste**?

Do you have a **new cough** that you cannot attribute to another health condition?

Do you have a **new or worsening sore throat** that you cannot attribute to another health condition?

Do you have **new shortness of breath** that you cannot attribute to another health condition?

BE SAFE
CHICAGO

IF YOU ANSWERED **YES** TO ANY OF THESE QUESTIONS,
PLEASE STAY HOME!