Mandatory COVID-19 Questionnaire for All Visitors

**Question 1:** Have you tested positive for COVID-19 in the past 14 days?

**Question 2:** Are you currently under a government or physician’s directive to self-quarantine for any reason, including a suspected COVID-19 infection, exposure to a COVID-19 case, or because of travel?

**Question 3:** Have you experienced ANY of the following symptoms of COVID-19 infection in the last 10 days?

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

**If your answer is “yes” to any of these questions:** Per APL policy and current state and health agency guidance, you will not be allowed access to the facility.

Updated 2/2/2021