

ADMITTANCE CHECKLIST:

By entering Autry Tech facilities, you agree the answer to each of the statements below is **NO**.

DO YOU HAVE:

YES NO

a fever of 100.4 degrees or more?

ARE YOU EXPERIENCING:

YES NO

a new loss of taste or smell?

nausea or vomiting?

diarrhea?

ARE YOU EXPERIENCING TWO OR MORE OF THE FOLLOWING SYMPTOMS OF COVID-19?

YES NO

Chills

Cough

Fatigue

Muscle or body aches

Headache

Sore throat

Congestion or runny nose

YES NO

Do you think you have COVID-19?

Have you tested positive for COVID-19?

Have you been around a person with COVID-19?

Per CDC recommendations, individuals showing symptoms or those who have been in close contact with someone with symptoms are advised to stay home.