Lawrence Family
Jewish Community Center
JACOBS FAMILY CAMPUS

COVID-19 HEALTH ASSESSMENT

① Do you have any of the following symptoms?

- **FEVER** or **CHILLS**
- **COUGH**
- **SHORTNESS OF BREATH** or **DIFFICULTY BREATHING**
- **NEW LOSS OF TASTE** or **SMELL**
- **SORE THROAT**
- **HEADACHE**
- **FATIGUE**
- **MUSCLE** or **BODY ACHES**
- **CONGESTION**
- **RUNNY NOSE**
- **NAUSEA VOMITING**
- **DIARRHEA**

② Have you been in contact with anyone with a confirmed case of COVID-19 in the last two weeks?

③ Have you traveled outside the state of California in the last 10 days?

(This question does not apply if you are fully vaccinated)

IF YOU ANSWER YES TO ANY OF THESE QUESTIONS YOU WILL NOT BE ABLE TO ACCESS THE FACILITY.