

# **BEFORE YOU PARTICIPATE**

## **YES OR NO?**

1. Do you have any of the following symptoms: new cough, shortness of breath/difficulty breathing, new loss of taste or smell, fever, chills, muscle aches, headache, sore throat, fatigue, diarrhea, nausea/vomiting, congestion and or running nose?
2. Have you had close contact with a confirmed/probable COVID-19 case?
3. Have you travelled internationally in the last 14 days?

**IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE DO NOT PARTICIPATE IN A PARKS, RECREATION & SENIORS PROGRAM. PLEASE STAY HOME AND CONSULT YOUR PHYSICIAN OR CONTACT THE OAKLAND COUNTY NURSE ON-CALL AT 1-800-848-5533.**

**THANK YOU!**

