IMPORTANT!

Do you have any of the following respiratory symptoms?

* Fever
* New or worsening cough
* New or worsening shortness of breath
* Chills
* Diarrhea or Vomiting
* Sore Throat
* New loss of taste
* New loss of smell

Do you have a temperature of 100.4°F or higher?

Have you, or someone in your household, had close, unprotected contact with a suspected or known COVID-19 patient?

***IF YOU ANSWERED YES TO ANY OF THE ABOVE PLEASE DO NOT COME TO MASS TODAY!***

Have you washed your hands or used hand sanitizer upon entry?