

Healthcheck

Did you have one or more of the following symptoms in the past 24 hours?



Coughing



Symptoms of
a common cold



Fever or elevated
temperature



Shortness of
breath



Loss of taste
and smell

Does someone in your household have a fever
and/or shortness of breath?



Have you had a novel coronavirus infection and
is this laboratory-confirmed in the past 7 days?



Does someone in your family or household
have a COVID-19 infection, and have you had
contact with him/her in the past 10 days while
he/she still had physical symptoms?

10 days



Are you in quarantine because:

- you have had direct contact with someone
with a confirmed COVID-19 infection?
- you have been in a code orange or code red
country?



*If you answered yes to one or more of these questions, then you can not enter
this institution.*