



NCP COVID Policy

If you answer YES to any question, please don't enter the facility.

● In the past 24 hours, have you experienced any of the following (not due to allergies or other chronic medical conditions):

- Fever (at or above 100.4 Fahrenheit or 38 degrees Celsius)
- Used medicine to reduce fever
- Feeling feverish
- Chills
- Cough
- Difficulty breathing or shortness of breath
- Sore throat
- Muscle or body aches
- Diarrhea
- Severe fatigue
- Headache
- Loss of sense of taste or smell
- Nasal congestion
- Nausea
- Vomiting

● Have you had a positive COVID test in the past 10 days?

● Are you currently staying at home because of illness, concern over COVID exposure, or because you were placed into quarantine by your provider or public health officer?

● To the best of your knowledge, have you been exposed to someone who has tested positive for COVID in the past 10 days?

Thank you for your cooperation!