

# GACTC Adult Daily Health Screening



All individuals entering the GACTC must affirm the following questions each day. If you answer yes to any of the questions below, you may **NOT** enter the GACTC.

These measures are enacted for the health and wellbeing of **ALL** of our students & employees. Thank you for your understanding and cooperation.

1. **Do you have a fever equal to or above 100.4** (without fever-reducing medication)?

2. **Are you experiencing two or more of the following symptoms?**

- Fever
- Chills
- Headache
- Diarrhea
- Sore throat
- Muscle pain
- Nausea or vomiting
- Congestion or runny nose
- New loss of taste or smell
- Fatigue
- Cough
- Shortness of breath/difficulty breathing

**If you answered YES to any of the questions above – PLEASE STAY HOME and consult with your doctor.**

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**If you have tested positive for COVID-19 or been exposed to someone with COVID-19 please see the attached GACTC COVID-19 Summary.**