



## DAILY SELF-EVALUATION OF COVID SYMPTOMS

Prior to coming to the Milwaukee Winter Farmers Market, please ask yourself these following questions. If you answer “yes” to any of the symptoms that are new for you today or that you do not commonly experience, please stay home.

- **Fever (100.4 F / 37.8 C or greater) or chills?** ☐ Yes ☐ No
- **Diarrhea?** ☐ Yes ☐ No
- **Unexpected fatigue?** ☐ Yes ☐ No
- **Sore throat?** ☐ Yes ☐ No
- **Nausea or vomiting?** ☐ Yes ☐ No
- **Shortness of breath or difficulty breathing?** ☐ Yes ☐ No
- **Loss of taste or smell?** ☐ Yes ☐ No
- **Headache?** ☐ Yes ☐ No
- **Cough?** ☐ Yes ☐ No
- **Congestion or runny nose?** ☐ Yes ☐ No
- **Muscle or body aches (not related to exercise)?** ☐ Yes ☐ No
- **In the past 14 days, have you been in close proximity (within 6 feet for 15 minutes or longer) to or live with anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?** ☐  
Yes ☐ No
- **In the past 14 days, have you been in close proximity (within 6 feet for 15 minutes or longer) to or live in the same house with anyone who has tested positive for COVID-19?** ☐ Yes ☐ No
- **Have you been tested for COVID-19 based on symptoms, or are you presumptively positive for COVID-19 based on your health care provider’s assessment of your symptoms?** ☐ Yes ☐ No