

# TIGER TIPS SELF-SCREENING

**IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW:  
PLEASE CONTACT TIGER CARE AT 229-310-0266  
AND SEEK MEDICAL ATTENTION. DO NOT ATTEND CLASS WITH THESE SYMPTOMS.**



## GOT COUGH?

Do you have a new onset of cough?



## GOT FEVER?

Do you have a fever (temperature over 100.4° F or 38° C) without having taken any fever-reducing medications?



## GOT CHILLS?

Do you have a new onset of chills?



## GOT MUSCLE PAIN?

Do you have a new onset of muscle pain (not associated with strenuous exercise)?



## GOT SHORTNESS OF BREATH OR TROUBLE BREATHING?

Are you suddenly feeling short of breath or having trouble breathing?



## GOT SORE THROAT?

Do you have a new onset of sore throat?



## NEW LOSS OF TASTE OR SMELL?

Do you have a new loss of taste or a new loss of smell?



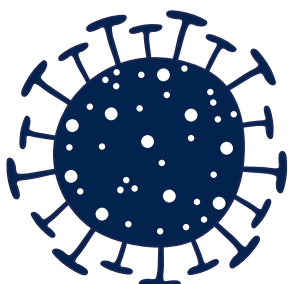
## GOT NAUSEA?

Are you nauseated or have you experienced new onset of vomiting?



## GOT DIARRHEA?

Do you have a new onset of diarrhea?



## GOT EXPOSURE?

In the past 14 days, have you cared for or had close contact with a person who has tested positive for COVID-19? (Close contact is masked or unmasked less than 6 feet away for 15 mins.)