

# CPSC FACILITIES COVID-19 SCREENING

Online version available at <https://www.cpsc.gov/screening/>

Today's Date

## PLEASE READ EACH QUESTION CAREFULLY

1.

Regardless of your vaccination status, have you experienced any of the symptoms in the list below in the past 48 hours?

- fever or chills
- cough
- shortness of breath or difficulty breathing
- muscle or body aches
- new loss of taste or smell
- vomiting or diarrhea

YES



Access to CPSC  
Facilities Not Approved

NO



Proceed to  
Question 2

2.

Are you isolating or quarantining because you tested positive for COVID-19 or are worried that you may be sick with COVID-19?

YES



Access to CPSC  
Facilities Not Approved

NO



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