



# ATTENTION GUESTS

**BY ENTERING YOU AGREE THAT YOU HAVE ANSWERED “NO” TO THE FOLLOWING QUESTIONS:**

1. Do you currently have a fever of 100.4 degrees Fahrenheit or higher?
2. Are you now, or have you experienced within the past 14 days, any **NEW** symptoms listed below which may be associated with COVID-19?
  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
3. In the past 14 days, have you (or anyone in your household) been diagnosed, tested, or quarantined for COVID-19?
4. In the past 14 days, have you been in close contact (within 6 feet for 10 minutes or longer) with anyone who has recently been diagnosed, tested, or quarantined for COVID-19?

**IF YOUR ANSWER IS YES TO ANY OF THESE QUESTIONS, PLEASE DO NOT ENTER THE BUILDING.**

**For more information, visit:**

- [www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](http://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)
- [www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html](http://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html)

---

**Learn about all our health and safety protocols at [Caesars.com](http://Caesars.com)**

