

ATTENTION: MEASLES EXPOSURE NOTICE

**THIS LOCATION HAS BEEN IDENTIFIED AS A SITE OF
MEASLES EXPOSURE.**

IF YOU WERE AT THIS LOCATION ON _____
BETWEEN THE HOURS OF _____, YOU
MAY BE AT RISK FOR MEASLES. PLEASE CONFIRM YOUR
MEASLES VACCINATION STATUS AND MONITOR FOR
SYMPTOMS FOR 21 DAYS AFTER THE DAY LISTED ABOVE.

**CALL A HEALTH CARE PROVIDER IMMEDIATELY IF YOU
EXPERIENCE:**

- HIGH FEVER
- COUGH
- RUNNY NOSE
- RED AND WATERY EYES
- RASH 3-5 DAYS AFTER OTHER SIGNS OF ILLNESS.

IF YOU HAVE ANY OF THE ABOVE SYMPTOMS, DO NOT GO
TO CHILDCARE, SCHOOL, WORK, OR OUT IN PUBLIC UNTIL
YOU SPEAK WITH YOUR PROVIDER. MEASLES IS HIGHLY
CONTAGIOUS. VACCINATION IS THE BEST PROTECTION.

FOR MORE INFORMATION AND RESOURCES, VISIT:
PH.LACOUNTY.GOV/MEASLES



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