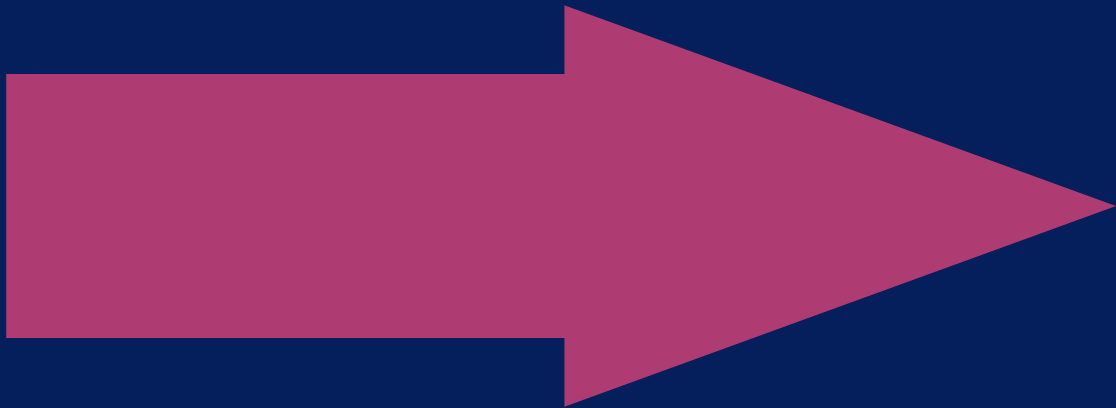


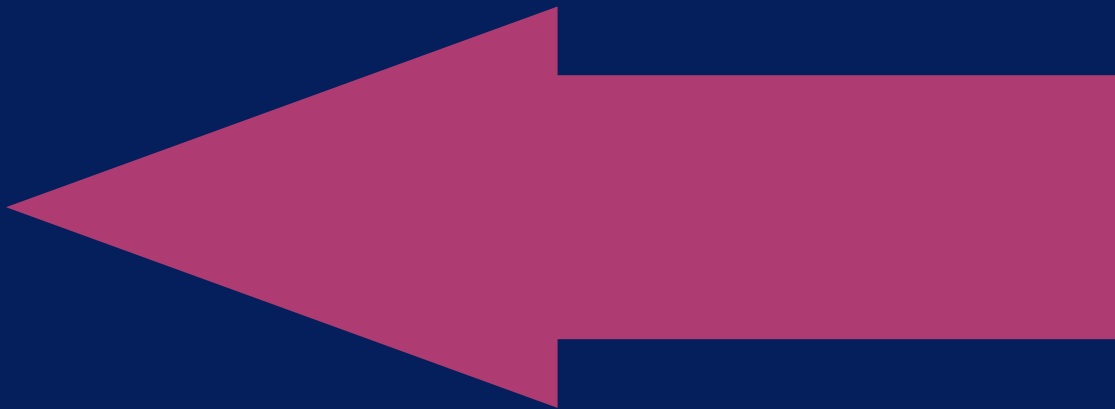
VACCINATION CLINIC

**APPOINTMENT
ONLY**



VACCINATION CLINIC

**APPOINTMENT
ONLY**



REGISTRATION AREA



VACCINATION AREA

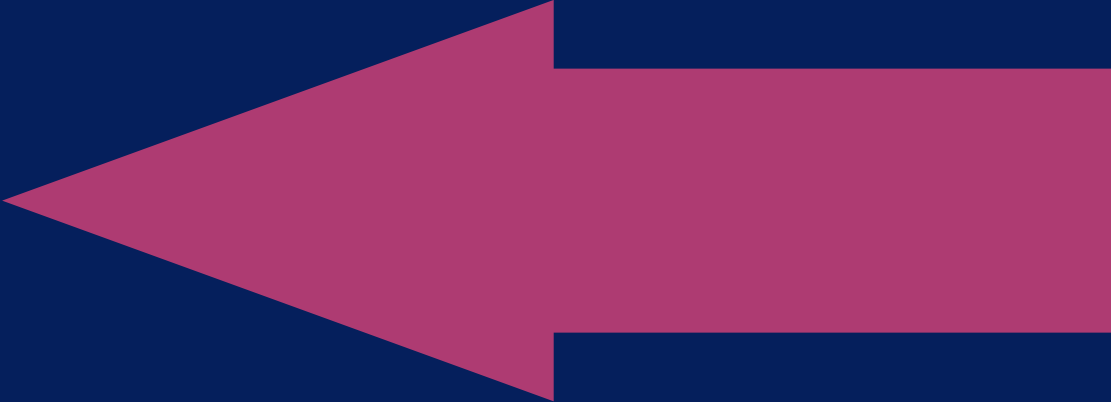


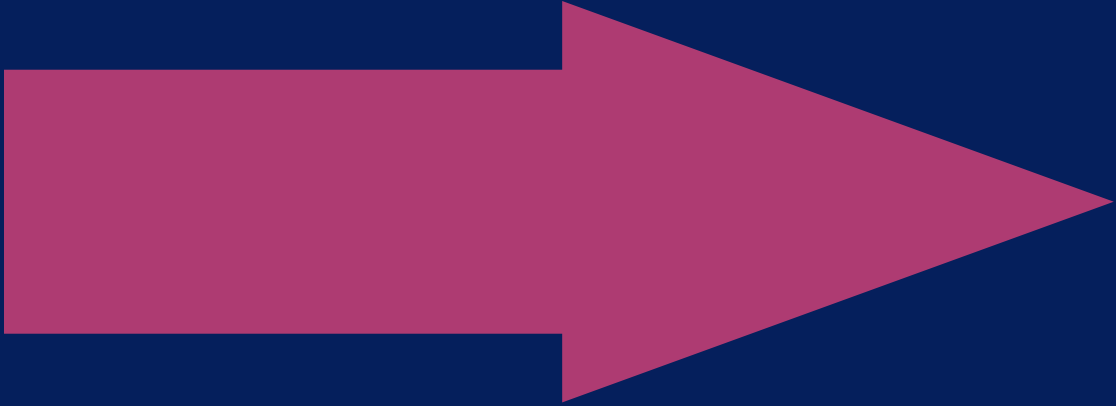
OBSERVATION AREA

**Please alert staff if you
experience the following
after vaccination:**

**Difficulty breathing
pain, redness or swelling
at the injection site
itching, rash or hives
fever or chills
fatigue, headache or
muscle pain**













VACCINATION PARKING



**Please stay
6 feet away
from others**



People with COVID-19 have reported a range of mild to severe symptoms. These symptoms may appear from 2 to 14 days after exposure to the virus.

PLEASE LET THE SCREENING STAFF KNOW IF YOU ANSWER YES TO ANY OF THESE QUESTIONS.

1. Have you been exposed within the last two (2) weeks to someone with COVID-19?

2. Do you have any of the following symptoms?

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Fatigue
- Repeated shaking or chills
- Muscle pain
- Headache
- Sore throat
- New loss or taste of and smell
- Nausea or vomiting
- Diarrhea
- Persistent pain or pressure in the chest

