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**Today or in the past 24 hours, have you had any of the following symptoms?**

* Cough more than expected?
* Sore throat?
* New loss of taste or smell?
* Nausea, Vomiting, or Diarrhea?
* Abnormally Short of Breath or Difficulty breathing?
* Headache, Fatigue, Congestion or runny nose, outside your normal for firefighting?

If **YES** to any of the above, **please DO NOT enter the ICP.** Please notify medical personnel immediately.