

DUE TO COVID-19



AND IF YOU

Have a **FEVER** or **COUGH**

Believe you have been exposed
to **COVID-19** (Coronavirus)

Have **AN UNDERLYING MEDICAL CONDITION**
including Heart Disease, Lung Disease or Diabetes

Have a **WEAK IMMUNE SYSTEM**

Are **PREGNANT**

Are **OVER** the age of **60**

PLEASE CONSIDER VISITING *WWW.MEADECOUNTY.ORG*

OR EMAIL, MAIL, OR PHONE US FOR SCHEDULING AND
RESCHEDULING OF APPOINTMENTS