STOP MEASLES CHECK

IF YOU OR A FAMILY MEMBER:

- **Have been around someone with measles,**
- **Have not received a measles vaccine AND**
- **Have any of the following symptoms:**



PLEASE RETURN TO YOUR VEHICLE AND CALL XXX-XXX-XXXX.

- Remain in your vehicle.
- Wait for instructions from staff.
- Do not enter until you receive instructions.

PLACEHOLDER FOR HOSPITAL LOGO