

DAILY HEALTH ASSESSMENT CHECK-IN

Review below Questions

• If **“YES”** “to any one of these questions, DO NOT enter the building. (Contact your supervisor)

1 SYMPTOMS

Do you have any of the following symptoms?

- Cough/difficulty breathing
- Fever ≥ 100.4
- Headache
- Sore Throat
- Chills/Body Shakes
- Muscle Aches
- Nausea/Vomiting/Diarrhea
- New Loss of taste or smell
- Fatigue
- Congestion or Runny Nose
- Diarrhea

2 EXPOSURE

Have you been in contact within the last 14 days with someone with a confirmed diagnosis of COVID-19?

While in the building:

1. Maintain social distancing, keeping a minimum of 6' distance apart.
2. Cover your nose AND mouth with a cloth face covering or face mask.
3. Wash Hands frequently for a minimum of 20 seconds.
4. Contact your supervisor if you become ill at work.

TIPS FOR USING CLOTH FACE COVERINGS

Even when wearing a face covering, practice social distancing and stay home when sick.