

Individual Wellness Check

You must take personal responsibility in following the recommended Centers for Disease Control and Prevention (CDC) COVID-19 guidelines. It is critical that you understand and be aware of COVID-19 Symptoms.

Answer the following screening questions each day:

- YES | NO Have you taken your temperature today?
- YES | NO Have you been in close contact with a confirmed case of COVID-19?
- YES | NO Are you experiencing a cough, shortness of breath or a sore throat?
- YES | NO Have you had a fever of greater than 100.4 F in the past 48 hours?
- YES | NO Have you had a new loss of taste or smell?
- YES | NO Have you had vomiting or diarrhea in the past 24 hours?