COVID-19 Screening
(Those that are fully vaccinated are exempt.)

1. Have you been in close contact with someone who has been diagnosed with, or is suspected to have, COVID-19 within the last 14 days?

2. Are you experiencing any of the following symptoms?
   • Fever
   • Chills
   • Stiffness/Rigidity
   • Muscle aches or pains
   • Fatigue/Weakness
   • Headache
   • Sore throat
   • Cough
   • Shortness of breath/difficulty breathing
   • Sudden loss of taste or smell
   • Congestion or runny nose
   • Vomiting/diarrhea/stomach or abdominal pain

If you can answer "NO" to both of these questions, please proceed with reporting to work as normal.

If the answer to either of these questions is YES, please proceed with going home immediately and contact your supervisor to report the symptoms.

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