Within the past 10 days,

- Have you had ANY of the following symptoms of COVID-19 infection in the last 7 days?
  - CONGESTION OR RUNNY NOSE
  - COUGH (either new or different than your usual cough), shortness of breath or difficulty breathing
  - DIARRHEA
  - FEVER OR CHILLS (either believed or measured)
  - NAUSEA OR VOMITING
  - SORE THROAT
  - UNUSUAL HEADACHE or unusual muscle pain
  - LOSS OF TASTE OR SMELL
  - Have you had a positive test for COVID-19 infection within the past 10 days?
  - Within the past 10 days, have you been within 6 feet for longer than 15 minutes with someone who has SUSPECTED OR CONFIRMED COVID-19 INFECTION?

If you answer “YES” to any questions, you will be sent home with instructions from Human Resources.