## <u>Please respond to the illness self-assessment questions below</u> prior to entering the workplace:

- o Do you have a fever of more than 100.4 degrees?
- o Do you have a sore throat?
- o Are you coughing or sneezing?
- o Experiencing body aches?
- o Experiencing shortness of breath?
- o Have you been **caring for or been in contact with** someone who has been diagnosed with or is showing symptoms of COVID-19?

If you answered yes to any of these questions, go home immediately, notify your supervisor and contact your doctor for further instruction.

Your signature below certifies you are **not** displaying any of the above symptoms.

NAME (print & sign)	DATE	