

MONITOR YOURSELF for symptoms of COVID-19

BEFORE ENTERING please ask yourself the following:

▶ **Is my temperature today greater than 100.4?**

▶ **Do I have any of the following symptoms?**

- ▶ Have a Cough
- ▶ Sore Throat
- ▶ Muscle Aches
- ▶ Fever or Chills
- ▶ Fatigue
- ▶ Diarrhea
- ▶ Congestion or Runny Nose
- ▶ New or Unusual Headache
- ▶ New Loss of Taste or Smell
- ▶ Difficulty Breathing
- ▶ Shortness of Breath
- ▶ Nausea or Vomiting

*Symptoms may appear 2-14 days after exposure to the virus.
People with these symptoms may have COVID-19*

▶ **Is anyone in my household displaying COVID-19 symptoms?**

▶ **Best of my knowledge, have I or anyone in my household come into close contact with anyone who has tested positive for COVID-19?**

*If you answer YES to any of the questions above,
please contact your supervisor immediately for the next steps*

**FACE COVERINGS
ARE REQUIRED
WITHIN THE FACILITY**

