Help us limit the spread of COVID-19.

If you answer “YES” to either of the following questions, please go home and contact your supervisor and health care provider/doctor. **DO NOT COME TO WORK.**

Have you had any of the following symptoms within the last three (3) days:

- Fever greater than 100.4°
- Forceful dry cough or productive cough
- Difficulty breathing or shortness of breath
- Chills or repeated shaking with chills
- New, unexplained muscle pain
- New or atypical headache
- Nausea, vomiting or diarrhea
- A sore throat
- A sudden loss of taste or smell

Have you tested positive for COVID-19 in the last fourteen (14) days?

If you have any questions, please contact your supervisor immediately.