

Health Screening Questions

You must answer the following questions before starting work every day.

1. Within the past 10 days, have you been diagnosed or tested positive for COVID-19?

2. Do you live in the same household with, or have you had close contact* with, someone who in the past 14 days has been in isolation for, or tested positive for, COVID-19 ?

**close contact* means (for 48 hours before their symptoms began) the person:

- lived or stayed overnight with you
- was your intimate sex partner
- took care of you, or you of them
- was within 6 feet of you for more than 10 minutes without wearing a mask
- exposed you to their body fluids or secretions (e.g., coughed or sneezed on you) while you were not wearing a mask, gown and gloves

3. Have you had any of the following in the last 24 hours?

- cough
- shortness of breath or difficulty breathing
- fever of 100.4° or greater
- chills
- muscle or body aches
- fatigue
- headache
- sore throat
- persistent runny nose
- diarrhea
- new loss of taste or smell

If you have any of the above symptoms or said yes to any of the above questions, please contact your supervisor via email for direction.

