



Daily Self-Check

If you answer “yes” to any of the following symptoms or criteria, **contact your HR representative.**

NO	YES	
<input type="checkbox"/>	<input type="checkbox"/>	Fever (Temperature over 100.4° Fahrenheit)
<input type="checkbox"/>	<input type="checkbox"/>	Cough
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath
<input type="checkbox"/>	<input type="checkbox"/>	Close contact with someone tested for, or confirmed to have, COVID-19

REMINDER
For everyone's
safety, please:



NOT WELL?
STAY HOME



WASH HANDS
OFTEN



INCREASE YOUR
DISTANCE



COVER YOUR
FACE