



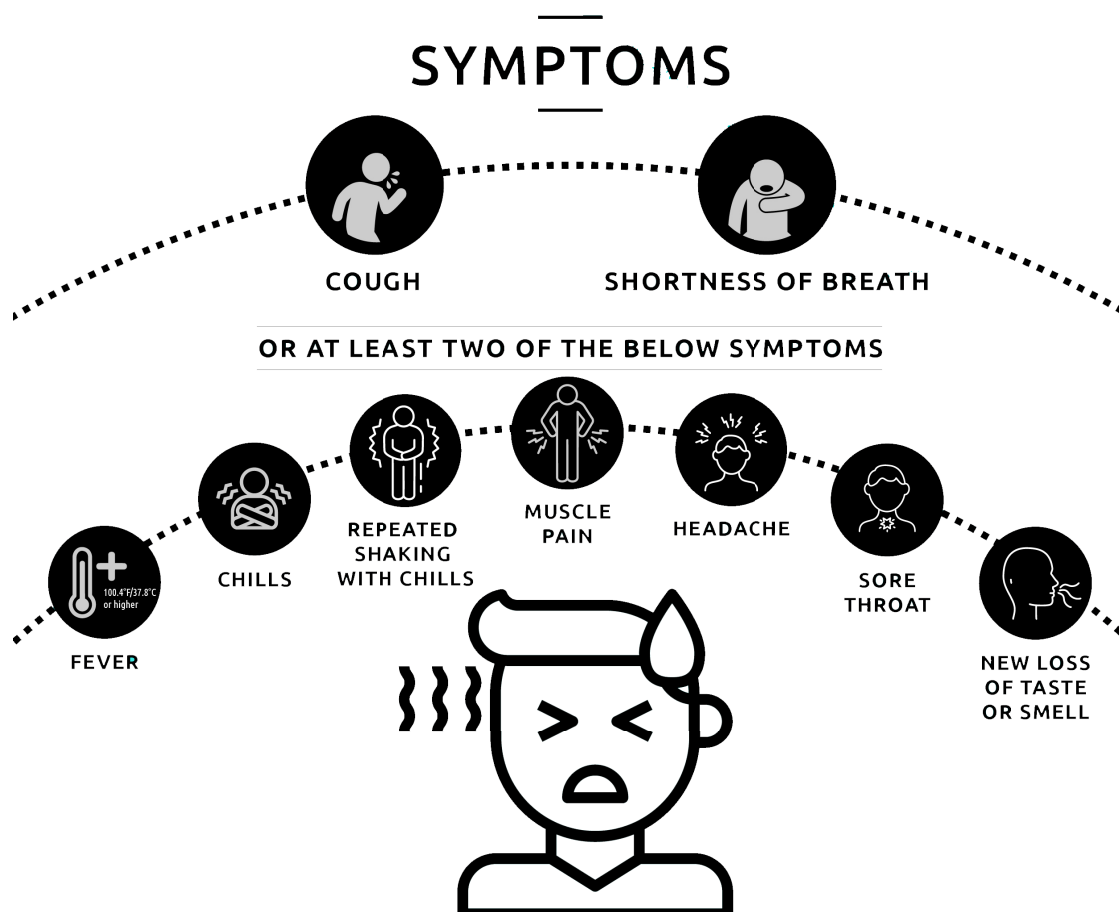
COVID-19 Symptom Checklist

In the last 14 days, have you had contact with someone who has been sick with COVID-19?

Have you had a fever in the last week?

Do you have a cough and/or difficulty breathing?

Do you have any other signs or symptoms of COVID-19?



If you answered **YES** to any of the questions or have any of the symptoms listed above, please stay home.