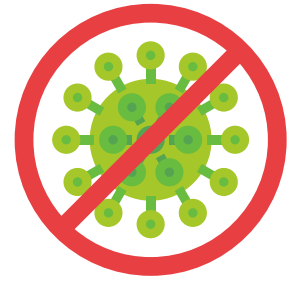


COVID-19 Health Certification



Employees must self-screen prior to work each day. If you answer YES to any of the below questions, please contact your supervisor.

- I have tested positive for COVID-19.
- Within the last 5 days, I have been in close contact* with someone who has tested positive for COVID-19.
- I am experiencing one or more of the following symptoms:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore Throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

*Close contact is defined as: Someone sharing the same indoor air space for a cumulative total of 15 minutes or more over a 24 hour period during an infected person's infectious period.

