Have you had any of the following symptoms since your last day at work or the last time you were here that you cannot attribute to another health condition?

Please answer “Yes” or “No” to each question. Do you have:

☐ Fever (100.4°F or higher), or feeling feverish?
☐ Chills?
☐ A new cough?
☐ Shortness of breath?
☐ A new sore throat?
☐ New muscle aches?
☐ New headache?
☐ New loss of smell or taste?