



Self Health Check Tool

1. Do you currently have, or have you had in the last 3 days, any of the following?

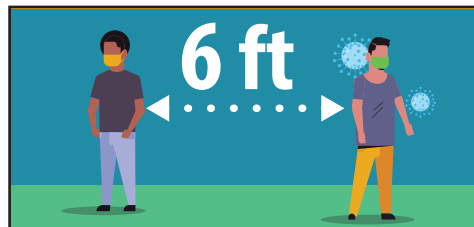
- Fever (temperature greater than 100.4°F)
- Sore Throat
- Muscle Aches
- Cough
- Chills
- Nausea, Vomiting or Diarrhea
- Shortness of Breath
- Loss of Taste or Smell
- Chest Pain



YES NO

2. In the last 14 days have you had close contact (within 6 feet for more than 10 consecutive minutes) with a confirmed or probable COVID-19 (coronavirus) case?

YES NO



If you answered “yes” to **either** of these questions or are concerned you may be ill, please stay home, contact the Health & Wellness Center or your physician for guidance and follow your normal attendance call-in procedures.

Associates who are home while awaiting clearance and are unable to work from home may be eligible for Pandemic Emergency Leave or Company Given Time and should contact Associate Care for guidance.



Health & Wellness Center

800-488-2144, ext. 2418



AssociateCare

954-429-CARE