

- ➡ Are you sick (fever at or above 100.4° F, cough, or any other symptoms associated with COVID-19)?**
- ➡ Have you traveled out of state for other than work related purposes (PA, NY and NJ sites only)?**
- ➡ Have you had close contact with a person known to have COVID-19?**
- ➡ Are you under quarantine by your doctor or other recognized health authority?**
- ➡ Do you have a sick family member with COVID-19 in your home?**