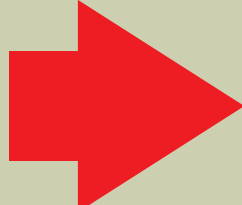
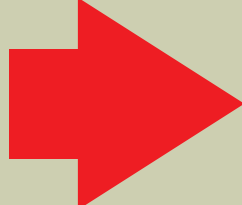
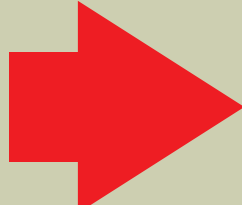
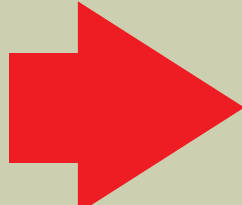
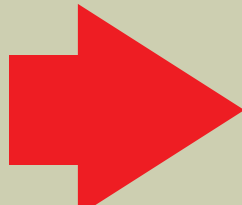


-  **Are you sick (fever at or above 100.4° F, cough, or any other symptoms associated with COVID-19)?**
-  **Have you traveled out of state for other than work related purposes (PA, NY and NJ sites only)?**
-  **Have you had close contact with a person known to have COVID-19?**
-  **Are you under quarantine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