

## Daily Health Attestation

Do you have any of these symptoms that are not attributable to another condition?

- Fever (100.4°F) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle pain or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion
- Nausea or vomiting
- Diarrhea

Within the past 14 days, have you had contact with anyone that you know had COVID-19?

Have you had a positive COVID-19 test for active virus in the past 10 days?

Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

**If you answer YES to any of these questions, please DO NOT enter the building.**