











Screening Tool

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST 3 DAYS?

	YES	NO
 COUGH		
 FEVER		
 SHORTNESS OF BREATH/DIFFICULTY BREATHING		
 CHILLS		
 RUNNY NOSE/ STUFFY NOSE		
 SORE THROAT		
 DIARRHEA		
 VOMITING		
 LOSS OF SMELL/LOSS OF TASTE		
 HEADACHE		

If you have answered "Yes" to any of the questions above, you will be asked to leave the building and contact your supervisor and your Human Resources representative.
If you are a visitor, please call the department or division that you were planning to visit to discuss rescheduling.