Daily Symptom Check-In

If symptoms are reported, <u>please stay home</u>, isolate yourself from other family members, and call your medical provider

Employer Name:	Date:
Name	Do you have any of the following symptoms today (y/n)? COVID-19 symptoms include Headache, sore throat, fever, dry cough, recent inability to taste or smell, shortness of breath, body aches, fatigue, diarrhea, vomiting, abdominal pain.
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