Yes, or No? In the last week you have been in close contact with someone diagnosed with COVID19; or you have started experiencing fever, coughing, shortness of breath, or loss of smell.	Yes, or No? In the last week you have been in close contact with someone diagnosed with COVID19; or you have started experiencing fever, coughing, shortness of breath, or loss of smell.
Yes, or No? In the last week you have been in close contact with someone diagnosed with COVID19; or you have started experiencing fever, coughing, shortness of breath, or loss of smell.	Yes, or No? In the last week you have been in close contact with someone diagnosed with COVID19; or you have started experiencing fever, coughing, shortness of breath, or loss of smell.
Yes, or No? In the last week you have been in close contact with someone diagnosed with COVID19; or you have started experiencing fever, coughing, shortness of breath, or loss of smell.	There is no question to answer. Just respond ``Yes"
Yes, or No? In the last week you have been in close contact with someone diagnosed with COVID19; or you have started experiencing fever, coughing, shortness of breath, or loss of smell.	Yes, or No? In the last week you have been in close contact with someone diagnosed with COVID19; or you have started experiencing fever, coughing, shortness of breath, or loss of smell.

Employee ID: _____

NO

Employee ID: _____

NO

Employee ID: _____

NO

Employee ID: _____

NO

Employee ID: _____

NO

Employee ID: _____

NO

Employee ID: _____

NO

Employee ID: _____

NO

Employee ID: _____	Employee ID: _____
YES	**YES**
Employee ID: _____	Employee ID: _____
YES	**YES**
Employee ID: _____	Employee ID: _____
YES	**YES**
Employee ID: _____	Employee ID: _____
YES	**YES**