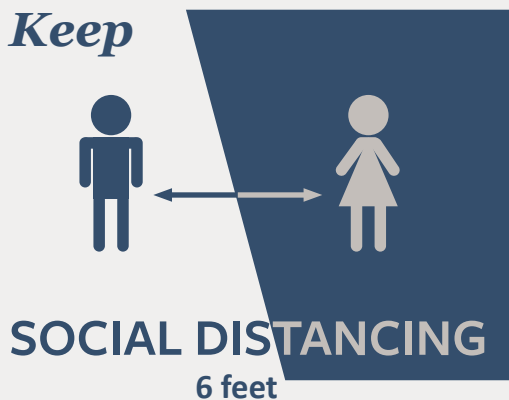


## Stay Home if you have the following symptoms:

- Fever or Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

SOURCE: CDC.gov

### Keep



### Wash YOUR HANDS



### Avoid TOUCHING YOUR:

- Face
- Nose
- Mouth
- Eyes

### Wear PROPER PPE



### Ask the Qualifying Questions



1. Has anyone in the home tested **positive** for COVID-19 within the last **14 days**?
2. Has anyone in the home **traveled** to any country within the last **14 days** for which the CDC has issued a pandemic-related Level 3 Travel Health Notice?
3. Has anyone in the home come into **contact** with any individual that has tested positive for COVID-19 within the last **14 days**?
4. Has anyone in the home had a **fever of 100°F** or more, chills, cough, shortness of breath or difficulty breathing, body aches, or experienced a new loss of taste or smell within the last **14 days**?