DO **YOUR** PART

Help prevent the spread of respiratory viruses like **COVID-19** and the **Flu**.

Employee screening for COVID-19

If an **employee** answers **YES** to any of the questions below, then the **employee** is **NOT** permitted to work.

❶ **Have you had a fever in the last 72 hours?**

✓ **Temperature of 100.4 °F or higher**

❷ **Are you showing symptoms* associated with COVID-19?**

✓ **Coughing**
✓ **Shortness of breath or difficulty breathing**
✓ **Feeling achy all over**
✓ **Sore Throat**
✓ **New loss of taste or smell**
✓ **Chills**

❸ **Have you been diagnosed with COVID-19 or told by a Healthcare provider or public health official that you should self-quarantine due to potential COVID-19 exposure?**

* To determine if the **symptoms** you have are associated with **COVID-19** or if you need to self-quarantine, please call your healthcare provider. For a **free online health assessment**, please visit the DHEC webpage below for a listing of telehealth virtual care providers in South Carolina.

https://www.scdhec.gov/infectious-diseases/viruses/coronavirus-disease-2019-covid-19/telehealth-virtual-care-providers-covid-19

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