

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.

① Have you had a **fever** in the last **72 hours**?

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

② Are you showing **symptoms*** associated with **COVID-19**?

- ✓ Coughing
- ✓ Shortness of breath or difficulty breathing
- ✓ Feeling achy all over
- ✓ Headache
- ✓ Chills or Repeated shaking with chills
- ✓ Sore Throat
- ✓ New loss of taste or smell

③ 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>