



## Employee Symptom Checker

Please screen yourself daily for symptoms and history of exposure to COVID-19.

<input type="checkbox"/>	Do you have a COVID-19 test pending?
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### SECTION 1: Symptoms

Do you have any of these symptoms?

<input type="checkbox"/>	Temperature 100 degrees Fahrenheit or higher
<input type="checkbox"/>	New onset sore throat that cannot be attributed to another health condition
<input type="checkbox"/>	New loss of taste or smell
<input type="checkbox"/>	New uncontrolled cough and/or difficulty breathing (for staff with chronic allergic / asthmatic cough, a change in their cough from baseline)
<input type="checkbox"/>	New onset of moderate or severe headache
<input type="checkbox"/>	New onset diarrhea, vomiting or abdominal pain

### SECTION 2: Close Contact / Potential Exposure

<input type="checkbox"/>	Have you had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19?
<input type="checkbox"/>	Have you recently traveled outside of Virginia, <b>and</b> do you currently have any one symptom in Section 1 above?
<input type="checkbox"/>	Has anyone in your household recently (within the last 5 days) tested <b>positive</b> for COVID-19?

If you answered yes to any of the above questions you should not report to work. Call Marathon Health for an appointment and guidance at 540-905-7456.

Employees should leave work immediately if they are sick or presenting symptoms.

You will need a note from Marathon Health to return to work.