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**COVID-19 Symptom Screening Guide**

***In accordance with May 1 Construction Restart Guidance***

This screening does not need to be documented unless the worker answers *Yes*to any of questions 2-6 or has a temperature over the fever threshold (100.4° F).

1. Do you have a fever?
2. Do you have any COVID-19-positive members in your household?
3. Do you have a cough?
4. Do you have shortness of breath?
5. Do you have fatigue or muscle aches?
6. Do you have a new loss of taste or smell?
7. Do you agree to report the onset of *any* of these symptoms during your shift?

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