**Daily Symptom Check-In**

\*\*\*If symptoms are reported, please stay home, isolate yourself from other family members, and call your medical provider\*\*\*

**Employer Name:                                                        Date:**

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| **Name** | **Do you have any of the following symptoms today (y/n)?** COVID-19 symptoms include -- Headache, sore throat, fever, dry cough, recent inability to taste or smell, shortness of breath, body aches, fatigue, diarrhea, vomiting, abdominal pain. |
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