Hotel Employee COVID assessment

Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had a temperature that is elevated for you/100.0F or greater?

Do you have any of the following symptoms?

* Cough
* Shortness of Breath or Chest Tightness
* Sore Throat
* Nasal Congestion/Runny Nose
* Myalgia (Body Aches)
* Loss of Taste and/or Smell
* Diarrhea
* Nausea
* Vomiting
* Fever/Chills/Sweats

Have you been in contact within the last 14 days with someone with a confirmed diagnosis of COVID-19, someone you may have reason to believe may have COVID-19, or someone who is experiencing symptoms of COVID-19?

Have you traveled outside of Texas as of March 29, 2020?  If so, where did you go?