

STOP

Do you have any of the following?

1 A positive test for COVID-19 in the past 10 days?

2 Symptoms of COVID-19?

Examples include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.

3 Close contact with someone with COVID-19 in the last 14 days?

If you answer YES to any of the above questions, please step outside and call the center for direction

VISITORS: 423-490-1599 EMPLOYEES: 423-490-2191

For more information, go to www.standiferplace.org