



Feeling Sick?

Stay home when you are sick!

1. Have you had close contact with someone who has tested positive for COVID-19 within the past 14 days?
2. Are you currently ill? Do you have symptoms of a cold, cough, or shortness of breath? Have you temporarily lost your sense of taste or smell?
3. Do you currently have a fever or have you had a fever within the past week?

If you answered YES to any of these questions, **please do not enter the building.**

Contact your manager then follow up with your health care provider.



Indiana State
Personnel Department



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