

Remember to Complete Your Daily Health Screening

Add report details

Daily Wellness Check

YOUR SYMPTOMS

Feeling Good

HAS ANYONE IN YOUR HOUSEHOLD TESTED POSITIVE FOR COVID-19 IN THE LAST 14 DAYS?

No

Yes

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN OVERSEAS IN THE LAST 14 DAYS?

No

Yes

SUBMIT

**THANK YOU FOR KEEPING
EACH OTHER SAFE**