

EXPERIENCING COVID-19 SYMPTOMS?

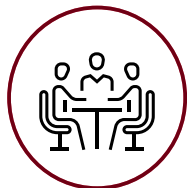
IF YOU

Have been exposed to someone with COVID-19

within the last 14 days



WORK



COMMUNITY



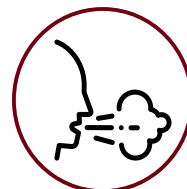
TOUCH

and/or

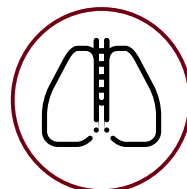
Have the following **symptoms**



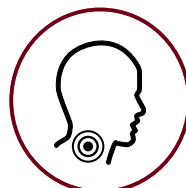
FEVER



COUGH



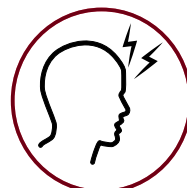
DIFFICULTY BREATHING



SORE THROAT



CHILLS



HEADACHES OR MUSCLE PAIN

**Please call your local Sanford Health clinic at
to speak with a health care provider.**

Please notify work of your status by calling

