

Responsible Restart Ohio

Health Screening

Questions for Use with Customers (administered verbally by employee)

	YES	NO
Are you experiencing the following symptoms? <ul style="list-style-type: none"> • Fever or Chills • Cough • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of taste or smell • Sore throat • Congestion or runny nose • Nausea or vomiting • Diarrhea 		
Have you been in contact with someone known or presumed to have COVID-19 within the past 14 days?		

We are sorry, but customers who answer "yes" to either of these questions cannot receive services right now. Please come back another time.