

# SELF – CHECK BEFORE LEAVING HOME

Thank you for completing this self-check before each classroom session.



Have I had contact with anyone who has been diagnosed with or who may have symptoms associated with COVID-19?

\_\_\_ Yes \_\_\_ No



Am I unable or unwilling to wear a face covering while I am inside buildings or less than 6 feet away from people who do not live in my home?

\_\_\_ Yes \_\_\_ No



Have I traveled outside of the state of Maine in the last 2 weeks to a state other than Connecticut, New Hampshire, New Jersey, New York, or Vermont?

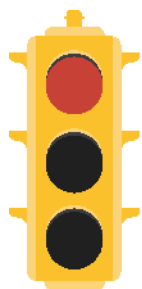
\_\_\_ Yes \_\_\_ No



Do I have ANY of the following symptoms:

\_\_\_ Yes \_\_\_ No

- Fever of 100.4 or higher
- Fatigue
- Shortness of breath
- Cough
- Headache
- Sore throat
- Loss of taste or smell
- Unexplained body aches?



**If you answered "No" to all four questions,  
you may go out in public safely.**

**Be sure to wear a face covering and stay safe!**