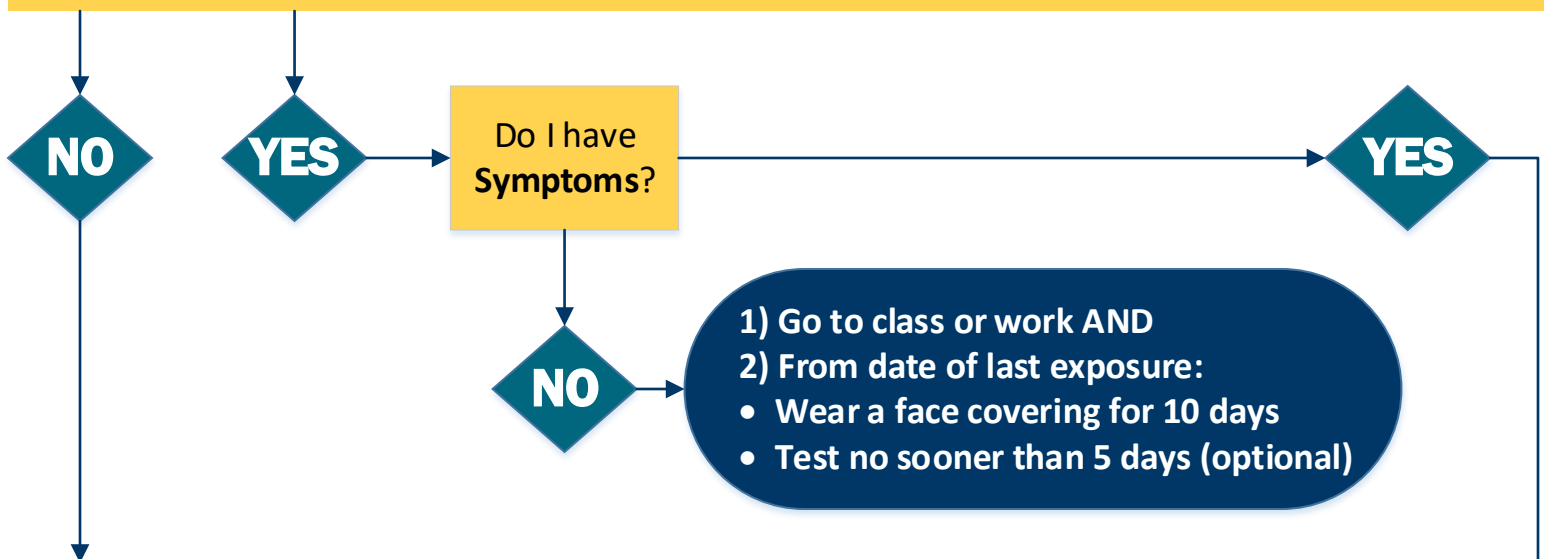


# What to Do Next?

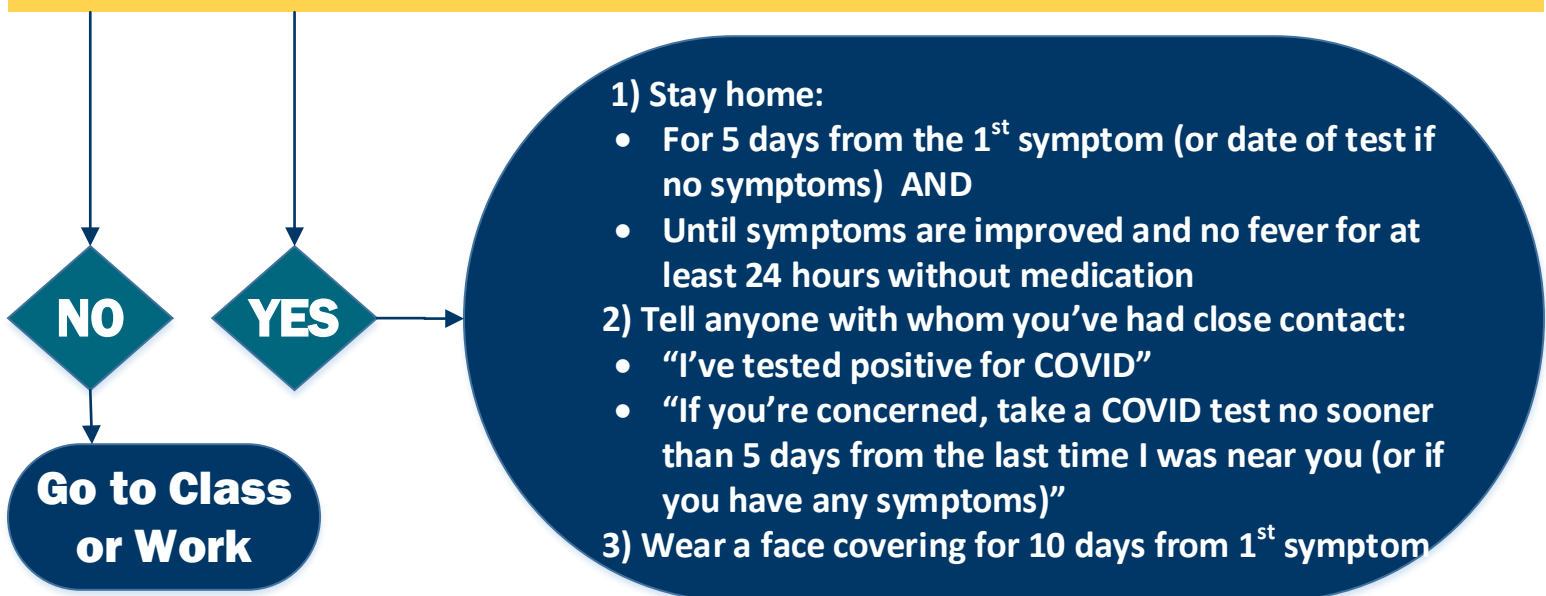
## Did I Have CLOSE CONTACT\* with Someone Known to Have COVID?



## Do I Have SYMPTOMS (fever, cough, congestion, fatigue, etc.)?



## Did I TEST POSITIVE for COVID?



\* Within 6 feet for 15 minutes or more across a 24 hour period