

5/13/2020

Date

Aquajets

Client

96x48 Banner

2  
Quantity

Project

Revisions:

Customer Approval Signature

*Please review carefully.  
Unless noted, no revisions will be made. If  
revisions are requested, please note and  
fax back to us. If this meets your approval  
as is, please sign and fax back to us. Your  
approval indicates that with the  
completion of all noted corrections, we  
will not be held responsible for any errors.*



# POLICY TO ENTER FACILITY

QUESTION	ACTION
In the last 24 hours, have you had a fever > 100°F?	If Yes: GO HOME!
In the past 72 hours, have you had any of these symptoms? <ul style="list-style-type: none"> <li>• Fever</li> <li>• Cough</li> <li>• Difficulty Breathing</li> <li>• Sore Throat</li> <li>• Muscle Aches</li> <li>• Severe Fatigue</li> <li>• Nasal Congestion</li> <li>• Loss of Sense of Smell or Taste</li> </ul>	If Yes: GO HOME!
Does a member of your household have a confirmed COVID-19 infection?	If Yes: GO HOME!