**[COMPANY NAME] is committed to responsibly limiting the community spread of COVID-19,**

**and the health of our workers and visitors**

**is our top priority.**

Before entering,

please consider calling into

our office line at(XXX.XXX.XXXX) if:

* You are currently or have experienced any of the symptoms associated with COVID-19 (“Coronavirus”) or influenza generally in the last 14 days:
	+ - Fever
		- Chills
		- Cough
		- Shortness of Breath
		- Sore Throat
* You or anyone you have been in close contact with traveled to any of the associated high-risk areas identified by the CDC, WHO, or a local or regional health organization within the last 14 days.
* You or anyone you have been in close contact with has returned from travel aboard a cruise ship, regardless of destination, within the last 14 days.
* You have been subject to a self or mandated quarantine in the past 14 days due to COVID-19.

**Thank you for your cooperation.**