



VISITOR SELF ASSESSMENT

Please indicate if any of the below apply to you:

- A positive COVID-10 diagnosis
 - Fever or chills
 - Cough
 - Shortness of breath/ difficulty breathing
 - Congestion or runny nose
 - Muscle or body aches
 - Headache
 - Sore throat
 - Nausea or vomiting
 - Diarrhea
 - Fatigue
 - New loss of taste or smell
 - I have been in close contact with an individual with a positive diagnosis with COVID-19. Close contact means within 6 feet for more than 15 minutes.
 - I have been in close contact with an individual being tested for COVID-19.
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- I did NOT check any boxes above. I am ready to report to NCEL facilities.
 - I checked one or more boxes above. I may be unable to report to work. I will call 919-301-3605 (NCEL HR) before reporting to work.

To help protect our employees and players, the Lottery is requesting all visitors to our facilities to complete this Self-Assessment before beginning work onsite. Please submit to marbet.cuthbert@lotterync.net or call 919-301-3605.

The information will be kept confidential and not used for any other purpose.

My e-signature below affirms that I truthfully completed the COVID-19 Self-Assessment prior to beginning work on this date.

Name: _____

Date: _____

