CORONAVIRUS (COVID-19) WHAT YOU NEED TO KNOW FOR THE WORKPLACE QUIZ

1) If you are under an isolation order, which of the following is true:
   A. Wear a face covering
   B. You must stay home and separate yourself from others
   C. Screening questions
   D. Frequent handwashing habits

2) To find the most accurate and timely information about COVID-19:
   A. Talk to your neighbors
   B. Check social media
   C. Visit the Centers for Disease Control and Prevention at:
   D. None of the above

3) Quarantine keeps someone who might have been exposed to the virus away from others:

   True (   )
   False (   )

4) Most people who contract COVID-19:
   A. Don’t experience any symptoms
   B. Recover without the need for special treatment
   C. Become seriously ill
   D. Have difficulty breathing

5) Which of the following is a confirmed way COVID-19 spreads person to person:
   A. Saliva or mucus
   B. Blood
   C. Germs
   D. Touching
6) Everyone infected with COVID-19 develops at least some symptoms:
   True ( )
   False ( )

7) If you are sick or feeling unwell, should you stay home and notify your supervisor and/or Human Resources to help prevent the spread of COVID-19:
   True ( )
   False ( )

8) How long does it take for symptoms of COVID-19 to appear after an infection:
   A. Almost immediately
   B. Between 15 - 30 days
   C. Within 24 hours
   D. Between 2 and 14 days
   E. Within 5 days from the infection

9) If exposed to COVID-19, which of the following benefits may employees be entitled/eligible for:
   A. Family Medical Leave Rights Act (FMLA)
   B. California Family Rights Act (CFRA)
   C. Workers Compensation benefits (if applicable)
   D. Supplemental Paid Sick Leave
   E. All of the above

10) How can you protect yourself and others:
    A. Stay at least 6 feet (about 2 arm’s-length) from others
    B. Refrain from entering another employee’s work area to search for items or borrow equipment
    C. Stay out of crowded places and avoid mass gatherings
    D. Hold virtual meetings (video conferencing or teleconferencing)
    E. All of the above

Employee Name: ____________________________________________
Signature: ________________________________________________
Site: _____________________________________________________
Date: _____________________________________________________