

ATTENTION HEALTHCARE WORKERS

We value what you do every day, especially in the face of COVID-19.

In the past 28 days, have you cared DIRECTLY for a patient with confirmed or suspected COVID-19?

- If **NO**, you are eligible to donate today if you are feeling well and healthy with no symptoms of COVID-19 (fever, cough, sore throat, shortness of breath, etc.)
- If **YES**, were you at all times during the care of that patient able to use recommended personal protective equipment (face mask, gown, and gloves)?
 - If **YES**, you are eligible to donate today if you are feeling well and healthy with no symptoms of COVID-19 (fever, cough, sore throat, shortness of breath, etc.)
 - If **NO**, please wait at least 28 days from your last exposure to a COVID-19 patient

