COVID-19 DAILY SELF-CHECKLIST
COVID-19 Daily Self-Checklist **each day before reporting to work.**

Date: ___________________        Time: _________________

The best solution to combating the virus, COVID-19 is through **prevention** - handwashing, covering your mouth and nose when coughing and sneezing, cleaning, and avoiding close contact with others and wearing a mask while in public.

**Monitoring symptoms is another important preventive strategy for COVID-19. If you reply YES to any of the questions below, you must STAY HOME, notify your supervisor of the needed absence, and contact your health care provider.**

- Do you have a fever (temperature over 100.3°F) without having taken any fever reducing medications?
  - Yes
  - No

- Cough?  Muscle Aches?  Sore Throat?
  - Yes  Yes  Yes
  - No  No  No

- Shortness of Breath?  Chills?  New Loss of Taste/Smell?
  - Yes  Yes
  - No  No

- Have you, or anyone you have been in extended close contact with (within six feet for 10 minutes or more), been diagnosed with COVID-19 in the last 48 hours?
  - Yes
  - No

- Are you currently in quarantine for possible contact with COVID 19?
  - Yes
  - No

If you experience any of the above-mentioned symptoms during the day, phone your supervisor, go immediately home without coming into contact with coworkers, and contact your physician by phone after leaving work.

This guidance is intended for self-screening prior to the start of the workday. You must complete this self-screening, including temperature checking, daily before coming to work. If you need to purchase a personal thermometer in order to complete daily temperature checking, the College will reimburse this purchase in an amount not to exceed $10. Note that this self-screening form is not intended for people confirmed or suspected COVID-19. Individuals with confirmed or suspected COVID-19 should follow CDC guidance.