

COVID-19 DAILY SELF-CHECKLIST

Review this COVID-19 Daily Self-Checklist each day before reporting to work.

The best solution to combatting COVID-19 is through **prevention** – wearing face coverings, frequent handwashing and maintaining social distance of 6 feet or more.

Monitoring symptoms is a required 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?	Shortness of Breath?
□ Yes	\square Yes	\square Yes
□ No	\square No	\square No
Chills?	Sore Throat?	New Loss of Taste/Smell?
□ Yes	\square Yes	□ Yes
\square No	\square No	\square No
•	yone you have been in extended liagnosed with COVID-19 in the	close contact with (within six feet for 30 minute last 14 days?
	ly in quarantine for possible con	tact with COVID-19?
□ Yes		
\square No		
•	nsked to self-isolate or quarantin n the last 14 days?	e by a medical professional or a local public
□ Yes		
\sqcap No		

If you start feeling sick with any of the above-mentioned symptoms during your shift, phone your supervisor, go immediately home without coming into contact with coworkers, and contact your physician and ask for COVID testing by phone after leaving work.