COVID-19:
Employee Daily Self-Health Check

Complete the self-check below daily prior to reporting to work. If the answer is YES to any of the questions below, do not report to work	
1. Are you experiencing any of the following symptoms? (Please take your temperature before you answer this question.)	
Fever (99.5 F or greater as measured by an oral thermometer)	Yes ☐ No ☐
Cough	Yes ☐ No ☐
Shortness of breath or difficulty breathing	Yes ☐ No ☐
2. Are you experiences *two or more* of the following symptoms?	
Runny or stuffy nose	Yes ☐ No ☐
Sore throat	Yes ☐ No ☐
New loss of taste or smell	Yes ☐ No ☐
Chills	Yes ☐ No ☐
Head or muscle aches	Yes ☐ No ☐
Nausea, diarrhea vomiting	Yes ☐ No ☐
3. In the past 14 days, have had direct contact with anyone who has tested positive for COVID-19? Yes ☐ No ☐	
4. Have you been tested for COVID-19 and are waiting to receive test results? Yes ☐ No ☐	
5. Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms? Yes ☐ No ☐	