

COVID-19

Self-Assessment Form

Exposure

Have you been within six feet of a person with a lab-confirmed or suspected case of COVID-19 or had direct contact with his/her mucus or saliva in the past 14 days?

Yes No

Does this person live with you?

Yes No

If you answered “YES” to either of these questions, **DO NOT COME TO WORK.**

Call your supervisor.

Severe Symptoms

Are you struggling to breathe or fighting for breath even while inactive or when resting?

Yes No

Do you feel as though you might collapse every time you stand or sit up?

Yes No

If you are experiencing any of these severe symptoms, call 911.

DO NOT COME TO WORK.

If you marked “YES” to any of the questions above, please stay home and call your supervisor.

Symptoms

Are you experiencing any of the following symptoms?

- Cough
- Fever (100° or above)
- NEW cough
- NEW shortness of breath or difficulty breathing
- NEW chills
- NEW muscle aches
- Sore throat
- Headache
- Diarrhea
- NEW loss of taste or smell

If you are experiencing any of these symptoms,

- Notify your supervisor and contact a physician.
- Stay home and **DO NOT COME TO WORK.**
- Remain at home until:
 - you have been fever free for at least 72 hours (that is three full days without fever and without the use of fever-reducing medication).
 - other symptoms have improved (for example, when your cough or shortness of breath have improved).
- Seek immediate medical care if symptoms become more severe (for example high fever or difficulty breathing).

This applies regardless of whether you have been tested for COVID-19.