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.

**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.

**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.