## **COVID-19 Daily Self Checklist**



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

If you reply YES to any of the questions below, STAY HOME and follow the steps below:

- Step 1: If you are sick contact your supervisor per your normal departmental notification procedures to report your status.
- Step 2: Employees are advised to contact their healthcare provider to determine if they should receive COVID-19 testing.

actermine in they sin	odia receive covid 13	cesting.	
If you start feeling sick during leave the workplace.	your shift, immediately	follow steps 1 and 2 a	bove and
Do you have a fever (tem any fever reducing medic	•	3°F) without havir	ng taken
□ Yes □ No			
Loss of Smell or Taste?	Muscle Aches?	Sore Throat?	Cough?
□ Yes	□ Yes	□ Yes	□ Yes
□ No	□ No	□ No	□ No
Shortness of Breath?	Chills?	Headache?	
□ Yes	□ Yes	□ Yes	
□ No	□ No	□ No	
Have you experienced an vomiting, diarrhea, loss o   Yes  No	, -	ymptoms such as	nausea/
Have you, or anyone you with COVID-19, or been p			
COVID-19?			
□ Yes			
□ No	alf inclute on more		l mundanai amal
Have you been asked to s	_	ntine by a medica	i protessional
or a local public health of  — Yes	iiciai:		
□ No	CITY OF		
□ 1 <b>1</b> 0		EDMC	MIDE

LUMUNUS