

# COVID-19 Daily Self Checklist

Review this COVID-19 Daily Self Checklist **each day BEFORE reporting to class or work**. If you **reply YES** to any of the questions below, **STAY HOME** or **RETURN HOME** and contact your health care provider.

1. Do you have a fever (temperature over 100.30F) without having taken any fever reducing medications?

Yes                  No

2. Are you experiencing loss of smell or taste?

Yes                  No

3. Are you experiencing muscle aches?

Yes                  No

4. Do you have a sore throat?

Yes                  No

5. Do you have a cough?

Yes                  No

6. Are you experiencing shortness of breath?

Yes                  No

7. Are you experiencing chills?

Yes                  No

8. Do you have a headache?

Yes                  No

9. Have you experienced any gastrointestinal symptoms such as nausea/vomiting, diarrhea, loss of appetite?

Yes                  No

10. Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?

Yes                  No

11. Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

Yes                  No

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**TRAVEL NOTICE:** If you traveled outside of Massachusetts, new state guidelines require that you **quarantine for 14 days or test COVID-19 negative 72-hours prior to your return**. **Students and staff** who are returning to Massachusetts **must meet these guidelines BEFORE returning to campus**. To **learn more** and access a list of up-to-date **exempt states**, visit: <https://www.mass.gov/info-details/covid-19-travel-order>.