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

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.