

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