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