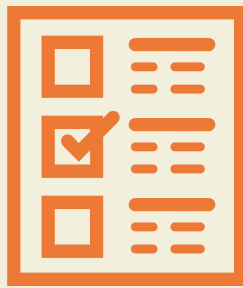


COVID-19 Daily Self Checklist



Review this COVID-19 Daily Self Checklist each day before coming to campus.

If you reply YES to any of the questions below, STAY HOME and call your supervisor/professor to inform them of your absence.

DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS?	YES	NO
<i>Fever or chills (fever is 100.4°F/38°C or higher)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Cough</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Shortness of breath or difficulty breathing</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fatigue</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Muscle or body aches</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Headache</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>New loss of taste or smell</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sore throat</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Congestion or runny nose</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Nausea or vomiting</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Diarrhea</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>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?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?</i>	<input type="checkbox"/>	<input type="checkbox"/>

This list does not include all possible symptoms. Please use this checklist to record your daily screening BEFORE REPORTING TO WORK OR CLASS and maintain for your records. You will need to provide your own thermometer for use to record your temperature. Should you exhibit symptoms, please DO NOT go to work or class and contact your local healthcare provider. Please notify your supervisor or professor of your absence.