

## COVID-19 SELF-ASSESSMENT

The [COVID-19 Workplace Health and Safety Policy](#) requires all staff to complete the following self-assessment on a daily basis prior to coming into work.

The Self-Assessment tool is based on the Centers for Disease Control (CDC) guidance and is subject to change as new information is provided by CDC or other qualified healthcare providers. This tool will help you assess your symptoms and determine if you should report to work.

If you answer yes to any of the questions and have any of the symptoms, please inform your supervisor that you will not be reporting to work. You should also strongly consider contacting your healthcare provider to determine if you are a candidate for a coronavirus disease 2019 (COVID-19) test. If you are in an emergency medical situation, call 911 or your local emergency number.

1. Have you been within 6 feet of a person with a lab-confirmed or suspected case of COVID19 for at least 5 minutes or had direct contact with their mucus or saliva, in the past 14 days?

Yes

No

2. Does the person with COVID-19 or COVID-19 symptoms live with you?

Yes

No

3. In the last 48 hours, have you or people you live with had any of the following symptoms? (Select all that apply)

Fever of 100.5 F (38 C) or above, or possible fever symptoms like alternating shivering and sweating.

New cough.

New trouble breathing, shortness of breath or severe wheezing.

New chills, muscle aches, sore throat, diarrhea, loss of smell, loss of taste, or change in taste.

None of the above.