

# COVID-19 Daily Self-Checklist



Date:

Name:

Review this COVID-19 Daily Self Checklist **each day before reporting to work.**

If you reply YES to any of the questions below, STAY HOME and follow the steps below:

- Step 1: Call your supervisor and
- Step 2: Email [heather.batherwich@umb.edu](mailto:heather.batherwich@umb.edu) . HR will be able to provide you with options on being paid for the absence.

If you start feeling sick during your shift, follow steps 1 and 2 above.

**Do you have a fever (temperature over 100.3°F) without having taken any fever reducing medications?**

- Yes
- No

**Loss of Smell or Taste?**

- Yes
- No

**Muscle Aches?**

- Yes
- No

**Sore Throat?**

- Yes
- No

**Cough?**

- Yes
- No

**Shortness of Breath?**

- Yes
- No

**Chills?**

- Yes
- No

**Headache?**

- Yes
- No

**Have you experienced any gastrointestinal symptoms such as nausea/vomiting, diarrhea, loss of appetite?**

- Yes
- No

**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

**Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?**

- Yes
- No