

# COVID-19 Self-Observation Questionnaire

The purpose of this questionnaire is for you to self-observe your daily health prior to coming to work. It was developed with criteria from the CDC.

Take your temperature every day before reporting to work and write it down: \_\_\_\_\_. If your temperature is greater than 100 degrees F, or if you answer **YES** to any of the following questions, please stay home and call your supervisor.

Please answer the following questions:		
1. Have you been tested for the coronavirus (awaiting results)? If yes, stay home until results are received	YES	NO
2. Have you tested <b>POSTIVE</b> for the coronavirus? If yes, stay home for 14 days after symptoms are gone.	YES	NO
3. Have you had prolonged close contact with someone who tested positive for the coronavirus? If Yes, stay home for 14 days and return to work if no symptoms.	YES	NO
4. Has a member of your household been tested for the coronavirus (awaiting results)? If Yes, stay home until results are received.	YES	NO
5. Has a member of your household been asked by a medical professional to isolate for potential coronavirus? If Yes, stay home pending results.	YES	NO
6. Has a household member had prolonged close contact with someone who tested positive for the coronavirus? If Yes, stay home for 14 days and return to work if there are NO symptoms.	YES	NO
7. Have you traveled out of the country within the last 14 days? If Yes, stay home for 14 days from your arrival back to the United States. Return to work if there are no symptoms.	YES	NO
8. Have you taken a cruise within the last 14 days? If Yes, stay home for 14 days from your arrival back to the United States. Return to work if there are no symptoms.	YES	NO
Are you experiencing or have you experienced any of the following symptoms in the past 14 days? If you answer YES to at least one of these questions, please stay home and call your healthcare provider.		
• Cough (not related to allergies)	YES	NO
• Shortness of breath	YES	NO
• Difficulty breathing	YES	NO
• Fever	YES	NO
• Chills	YES	NO
• Repeated shaking with chills	YES	NO
• Muscle Pain	YES	NO
• New Loss of Taste or Smell	YES	NO
• Sore Throat or Headache	YES	NO

Once you begin your workday, continue to observe yourself for any changes such as fever, coughing and/or difficulty breathing.

### **What to do if your condition changes while at work or at home:**

If you feel feverish or develop a cough or have difficulty breathing during the self-observation period, you should:

- Take your temperature and write it down: \_\_\_\_\_
- Self-isolate (6-feet distance between you and others)
- Seek advice by telephone from your healthcare provider or local health department

**PLEASE USE THIS PERSONAL TOOL TO HELP TRACK SYMPTOMS AND TEMPERATURE PRIOR TO COMING TO WORK**