

# COVID - 19 DAILY SELF CHECK



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

If you have experienced any of the following symptoms or experiences in the past 24 hours, **STAY HOME** and follow the steps below:

1. Notify your supervisor that you need to take sick leave.
2. Notify the UAPB/Human Resources response team at [COVID19@uapb.edu](mailto:COVID19@uapb.edu).

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

**Do you have a fever (temperature over 100.4°F) without having taken any fever reducing medications?**

Yes  No

**New Loss of Taste or Smell?**

Yes

No

**Muscle or Body Aches?**

Yes

No

**Sore Throat?**

Yes

No

**Cough?**

Yes

No

**Shortness of Breath?**

Yes

No

**Repeated Shaking/Chills?**

Yes

No

**Headache?**

Yes

No

**Have you had any of these symptoms in the past 24 hours not related to allergies?**

**Runny Nose?**

Yes

No

**Congestion?**

Yes

No

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

Yes  No

**Have you or anyone you have been in close contact with (within 6 feet for 45 or more minutes) been diagnosed with COVID-19?**

Yes  No

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

Yes  No