Employee COVID-19 Daily Self Checklist

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



Review this COVID-19 Daily Self Checklist <u>each day before going to work</u>. Consider your personal health and if you have any chronic symptoms or any of these <u>NEW symptoms</u>.

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

- Step 1: Contact your supervisor/HR
- Step 2: Contact your Healthcare provider
- Step 3: Create absence

If you start to feel sick during your work day, follow steps above

				A. A. A. A.
			3 / P	No. of London
or Taste? Mu	scle Aches? S	ore Throat?	Cough?	
1	☐ YES	☐ YES	☐ YES	No. 1
****	□NO	□ NO	□NO	
reath? Ch	ills? Headach	ne?		
	☐ YES ☐	YES		
	□ NO □) NO		
ienced any	gastrointestinal syr	mptoms such as	nausea/vomiting,	diarrhea, loss of
□NO				
-			gnosed with COV	/ID-19, or been
□ NO	If Yes, contact of	ur Human Resour	ces Office	43.00
ed to self-is	olate or quarantine	by a medical pro	fessional or a loc	al public health
□NO	If Yes, contact of	ur Human Resourd	ces Office	- 1.
	reath? Ch rienced any □ NO ne you have ne for possi □ NO ned to self-is	☐ YES ☐ NO reath? Chills? Headach ☐ YES ☐ ☐ NO ☐ rienced any gastrointestinal syr ☐ NO ne you have been in close contant for possible contact with CO ☐ NO	☐ YES ☐ YES ☐ NO ☐ NO reath? Chills? Headache? ☐ YES ☐ YES ☐ NO ☐ NO rienced any gastrointestinal symptoms such as ☐ NO ne you have been in close contact with, been diane for possible contact with COVID-19? ☐ NO	YES

SAN PASQUAL VALLEY UNIFIED SCHOOL DISTRICT

This Daily Checklist is an essential part of our COVID19 Recovery Plan