



COVID-19 Daily Self-Checklist



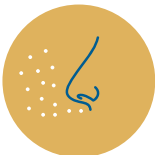
FEVER (100° OR HIGHER) AND CHILLS

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 Lori.Sullivan@umb.edu

HR will be able to provide you with options on being paid for the absence.



LOSS OF SMELL OR TASTE

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

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

- Yes
- No



HEAD ACHEs, MUSCLE, OR BODY ACHEs

Loss of Smell or Taste?

- Yes
- No

Muscle Aches?

- Yes
- No

Sore Throat?

- Yes
- No

Cough?

- Yes
- No



SORE THROAT

Shortness of Breath?

- Yes
- No

Chills?

- Yes
- No

Headache?

- Yes
- No



COUGH

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



SHORTNESS OF BREATH OR DIFFICULTY BREATHING

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

- Yes
- No



NAUSEA, VOMITING, OR DIARRHEA