

Self-Observation Questionnaire

The purpose of this questionnaire is to help you observe and monitor your health prior to coming to work. It was developed with criteria from the CDC.

Take your temperature every day before reporting to work. If your temperature is greater than 100 degrees F, or if you answer YES to the following questions, please stay home and call your supervisor.

1. Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had a temperature that is elevated for you/100.0F or greater?	YES	NO
2. have you traveled internationally or outside of state in the last 14 days? Or, have you had any close contact in the last 14 days with someone with a diagnosis of COVID-19?	YES	NO
3. 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 or Chest Tightness	YES	NO
• Difficulty breathing	YES	NO
• Fever	YES	NO
• Sore Throat	YES	NO
• Nasal Congestion/Runny Nose	YES	NO
• Myalgia (Body Aches)	YES	NO
• Loss of Taste and/or Smell	YES	NO
• Diarrhea	YES	NO
• Nausea	YES	NO
• Vomiting	YES	NO
• Fever/Chills/Sweats	YES	NO

Once you begin your workday, continue to observe yourself for any changes such as fever, coughing and/or difficulty breathing. If your condition changes while at work or at home, e.g., 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