

YOU

DAILY ASSESSMENT FLOWSHEET

ARE YOU IMMUNOCOMPROMISED?

YES

No

DO YOU HAVE A TEMPERATURE $\geq 99.6^{\circ}\text{F}$?

No

YES

ARE YOU ≥ 70 YEARS YOUNG?

YES

No

COMPLETE CDC ELECTRONIC SELF-CHECKER OR CONTACT YOUR MEDICAL PROVIDER

DO YOU HAVE A FEVER $\geq 100.4^{\circ}\text{F}$?

YES

No

DO YOU HAVE TWO OR MORE SIGNS OR SYMPTOMS OF:

- COUGH
- CONGESTION OR RUNNY NOSE
- NAUSEA OR VOMITING
- DIARRHEA
- SORE THROAT
- MUSCLE ACHES OR PAIN
- FATIGUE
- SHORTNESS OF BREATH
- CHILLS
- REPEATED SHAKING WITH CHILLS
- DIFFICULTY BREATHING
- HEADACHE
- NEW LOSS OF TASTE OR SMELL

No

HAVE YOU TRAVELED TO A STATE OR REGION WITH HIGH TRANSMISSION OF COVID-19?

YES

No

DID YOU, A MEMBER OF YOUR HOUSEHOLD, OR INTIMATE PARTNER HAVE CLOSE CONTACT* OR BEEN COUGHED ON BY A PERSON DIAGNOSED WITH COVID-19 OR UNDER INVESTIGATION?

YES

No

- WATCH FOR FEVER OR OTHER SIGNS OR SYMPTOMS OF COVID-19
- PRACTICE PHYSICAL DISTANCING
- WEAR FACE COVERING IN PUBLIC AND WHEN PHYSICAL DISTANCING MAY BE DIFFICULT

- SELF-MONITOR AND QUARANTINE FOR 14 DAYS AFTER THE LAST EXPOSURE
- ALWAYS MAINTAIN 6 FEET DISTANCE FROM OTHERS
- AVOID CONTACT WITH THOSE AT HIGH RISK

YOU MAY STILL WORK BUT MAY NEED TO WEAR A MASK AT ALL TIMES, TAKE YOUR TEMPERATURE TWICE A DAY, AND REMAIN ALERT FOR SIGNS AND SYMPTOMS.

*Close contact includes being within 6 feet for 15 minutes or longer without physical barriers.

