

## Wellness Check / Self-Assessment

**Have you had any of the following symptoms in the last 14 days, that are not associated with a diagnosed condition such as asthma, allergies, medications, etc.?**

- A temperature of 100 degrees or more?
- A new or worsening cough?
- Shortness of breath or difficulty breathing?
- Fever?
- Muscle or body aches?
- New loss of taste or smell?
- Chills?
- Repeated Shaking with Chills?
- Diarrhea?

**Do any of the following apply?**

- Have you been diagnosed with COVID-19?
- If you **have not** had the second dose of the COVID vaccine 14 days prior to a COVID exposure:
  - Have you had close contact with someone diagnosed with Covid-19 in the last 14 days?
  - Have you had close contact with someone that is experiencing symptoms of COVID-19 and awaiting test results?
- If you **have** had the second dose of the COVID vaccine 14 days prior to a COVID exposure:
  - Have you developed symptoms since the exposure?
- Have you been told to self-quarantine by a health care provider or public health official?

**If any of the above are true for you, DO NOT REPORT TO WORK. Please seek medical advice from your medical provider and let your supervisor know.**

**Know the symptoms of COVID-19, which can include the following:**



## Conozca los síntomas del COVID-19, que pueden incluir:



Los síntomas pueden ser de leves a graves, y aparecer de 2 a 14 días después de la exposición al virus que causa el COVID-19.