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:
  o Have you had close contact with someone diagnosed with Covid-19 in the last 14 days?
  o 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:
  o Have you developed symptoms since the exposure?
☐ Have you been told to self-quarantine by a health care provider of 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:

- Cough, shortness of breath or difficulty breathing
- Fever or chills
- Muscle or body aches
- Vomiting or diarrhea
- New loss of taste or smell
Conozca los síntomas del COVID-19, que pueden incluir:

- Tos, falta de aire o dificultad para respirar
- Fiebre o escalofríos
- Dolor en el cuerpo o los músculos
- Vómito o diarrea
- Pérdida reciente del gusto o del olfato

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.