

## Self-Observation Assessment for COVID-19

The purpose of this questionnaire is for workers to self-observe their health prior to going into the workplace.

Date \_\_\_\_\_ Shift Start: \_\_\_\_\_

<b>Please answer the following questions:</b>		
1. Has anyone around you been sick in the past 14 days?	YES	NO
2. Have you or a household member traveled outside the country in the past 28 days?	YES	NO
3. Are you experiencing or have you experienced any of the following in the past 14 days:		
· Cough	YES	NO
· Shortness of breath	YES	NO
· Difficulty breathing	YES	NO
· Fever	YES	NO
4. Is a household member experiencing or had any of the following in the past 14 days:		
· Cough	YES	NO
· Shortness of breath	YES	NO
· Difficulty breathing	YES	NO
· Fever	YES	NO

If answered NO to all the questions, you may enter the workplace on the date of your assigned shift. Continue to monitor yourself for fever, coughing and/or difficulty breathing.

### **What to do if Condition Changes:**

If you do feel feverish, develop cough, or difficulty breathing during the self-observation period:

- Stay home and report your illness to your supervisor
- Take your temperature, Self-isolate, and limit contact with others
- Seek advice by telephone from a healthcare provider or their local health department (they will determine if a medical evaluation is needed)