



COVID-19 Self-Assessment Questionnaire

Date:

Print Name:

Questions	Y	N	Reaction Plan
Symptoms			
.- Are you experiencing one or more of the following symptoms: .- Fever = or > 100.4 F .- Difficulty breathing (e.g. unable to finish sentences because of your breathing, short of breath at rest, unable to lie down because of difficulty breathing) .- Chest pain .- Fainted or loss of consciousness .- Loss of sense of taste and smell .- Difficulty managing your daily life because of breathing difficulties			If YES to any of the questions, you will not be permitted into the building. You must stay at or return home until you have been symptom free for 3 full days. If your symptoms persist, please seek medical attention and get tested for COVID-19.
Contact			
In the last 14 days, you have been in close contact with someone: .- Confirmed to have COVID-19 .- Who is being investigated for COVID-19 .- Had lab exposure to biological material .- Attended a mass gathering where COVID-19 was spread .- Lived or working in a closed facility experiencing a COVID-19 outbreak			If YES to any of the questions, you should self-monitor for signs and symptoms of COVID-19 if you suspect possible exposure. Please seek medical attention and get tested for COVID-19.
Temperature			
.- Today your temperature = or > 100.4 degrees F.			If YES , do not enter the building. You must stay at or return home until you have been symptom free for 3 full days.
Personal Hygiene			
.- You have washed your hands in the last two hours and have the required personal protective equipment (masks, gloves, hand sanitizer).			If NO , immediately wash your hands. Speak with the WM for masks, gloves, and hand sanitizer.