



**COVID-19 Self-Assessment Questionnaire**

**Date:**

**Print Name:**

Questions	Y	N	Reaction Plan
<b>Symptoms</b>			
.- 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 <b>YES</b> 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.
<b>Contact</b>			
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 <b>YES</b> 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.
<b>Temperature</b>			
.- Today your temperature = or > 100.4 degrees F.			If <b>YES</b> , do not enter the building. You must stay at or return home until you have been symptom free for 3 full days.
<b>Personal Hygiene</b>			
.- You have washed your hands in the last two hours and have the required personal protective equipment (masks, gloves, hand sanitizer).			If <b>NO</b> , immediately wash your hands. Speak with the WM for masks, gloves, and hand sanitizer.