

# COVID-19 Symptom Self-Check List

<b>Symptom   Contacts</b>	<b>Yes</b>	<b>No</b>
Fever of 100° F (37.8 C) or above		
Cough or sore throat		
Shortness of breath or trouble breathing		
Chills or repeated shaking with chills		
Alternating chills and sweating		
Muscle aches		
Nausea, vomiting, or diarrhea		
Loss of smell or taste, or a change in taste		
Headache		
Within the past 14 days, have you been in close contact with someone who has been diagnosed with COVID-19?		

If you check YES to any of these symptoms, DO NOT report to the work environment. Notify your supervisor that you are experiencing symptoms that are associated with COVID-19, and contact your healthcare provider for guidance.