COVID-19 Employee Daily Self-Health Assessment

*This form is for personal use by employees. It is not intended to be submitted to supervisor.

In the past 24 hours, have you experienced:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever (felt feverish or above 100.4°F)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>New or worsening cough</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Loss of Taste or Smell</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Chills</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>Other CDC Recognized COVID-19 Symptoms</strong></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you answer “yes” to any of the questions listed above, or your temperature is 100.4°F or higher, do not go into work and contact your supervisor.

In the past 48 hours, have you:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had close contact as defined by the CDC with an individual diagnosed with COVID-19?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you answer “yes”, do not go into work and contact your supervisor.