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:

Fever (felt feverish or above 100.4° F)	☐ Yes	☐ No
New or worsening cough:	☐ Yes	☐ No
Shortness of breath:	☐ Yes	☐ No
Loss of Taste or Smell:	☐ Yes	☐ No
Chills:	☐ Yes	☐ No
Other CDC Recognized COVID-19 Symptoms:	☐ Yes	☐ No

If you answer "yes" to any of the questions listed above do not go into work and contact your supervisor.

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