## **COVID-19 Daily Self Checklist**



Review this COVID-19 Daily Self Checklist each day before reporting to work.

If you reply YES to any of the questions below, STAY HOME (with pay) and follow the steps below:

- Step 1: Call your supervisor and
- Stan 2: Call or Email the COVID-10 HR Response Team at 413-687-2283 or

COVID19HR@	gumass.edu.	onse ream at 415-007-	2203 01
If you start feeling sick during y	our shift, follow steps 1	and 2 above.	
Do you have a fever (templever reducing medication     Yes  No		8°F) without havin	g taken any
Loss of Smell or Taste?	<b>Muscle Aches?</b>	<b>Sore Throat?</b>	Cough?
□ Yes	□ Yes	□ Yes	□ Yes
□ No	□ No	□ No	□ No
Shortness of Breath?	Chills?	Headache?	
□ Yes	□ Yes	□ Yes	
□ No	□ No	□ No	
Have you experienced an vomiting, diarrhea, loss o  Yes No	, -	ymptoms such as	nausea/
Have you, or anyone you with COVID-19, or been p			_
COVID-19?			
□ Yes			
□ No	16 1 1		
Have you been asked to s	•	ntine by a medica	i professional
or a local public health of	TICIAI!		
□ Yes			
□ No			

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