



Self-Monitoring Information Sheet

To ensure all of our safety during the COVID-19 outbreak, all employees are asked to self-monitor for symptoms of COVID-19. Please complete the following **BEFORE COMING TO WORK**.

What is self-monitoring?

Self-monitoring means that you monitor or watch yourself for the following symptoms of COVID-19 and if you develop symptoms, report them to your supervisor:

- | | | |
|---|---|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Muscle aches | <input type="checkbox"/> Loss of smell |
| <input type="checkbox"/> New or worsening cough | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Nausea/ Vomiting | <input type="checkbox"/> Chills |
| | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fatigue |

Why should I self-monitor?

The purpose of self-monitoring is to identify illness early and self-isolate at home to reduce the potential of transmission to others you work with. It is a good idea to be aware of any of the symptoms of COVID-19 listed above that you might have. If you develop symptoms you can protect others by staying home. If you are unwell, let your health care provider know so you can receive the right care and advice.

What should I do if I develop symptoms of COVID-19 or my symptoms worsen?

IF YOU ARE SICK, PLEASE STAY HOME.

If you have a fever (temperature of $\geq 100.4^{\circ}\text{F}$) **OR** symptoms of COVID-19 (symptoms listed above), you **MUST STAY HOME** and immediately notify your supervisor. If your symptoms worsen enough that you feel that you need to see a healthcare provider but it is not an emergency, contact your healthcare provider before you seek medical care. When arriving at the healthcare facility, wear a mask and let the staff know that you are ill and have symptoms of COVID-19.

If your symptoms are severe (i.e. shortness of breath) call 9-1-1.



Here is a sheet to help you keep track of your daily symptoms while self-monitoring.

COVID-19 Daily Self-Monitoring Form

Date each day, check your temperature and then check any of the symptoms

Name: _____

Let your supervisor know if you develop symptoms												
Date												
No Symptoms	<input type="checkbox"/>											
Symptoms	Call 9-1-1											
Fever ≥ 100.4°F												
Chills												
Difficulty Breathing												
New or worsening cough												
Runny Nose												
Nausea/Vomiting or Diarrhea												
Sore throat												
Fatigue												
Muscle aches												
Headache												
Loss of smell												
Generally feeling unwell												
Other, specify												

Help protect yourself and your coworkers



Stay home if you are sick



Maintain 6 feet physical distance



Wash your hands



Clean/Disinfect work space



Cover mouth and nose