

**CONFIDENTIAL**  
**Self Health Check**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. **Please respond to each item below by circling Yes or No. Then, follow the instructions and reminders below.**

<i>In the last 72 hours have you had a....</i>		
fever of 100.4 or higher?	Yes	No
cough?	Yes	No
shortness of breath or difficulty breathing?	Yes	No
chills or repeated shaking with chills?	Yes	No
new muscle aches or pain?	Yes	No
sore throat?	Yes	No
new loss of taste or smell?	Yes	No
gastrointestinal symptoms (nausea, vomiting, diarrhea)?	Yes	No
Has anyone living in your household, or anyone you have been in direct contact with in the last 72 hours, been ill with any of the above symptoms recently?	Yes	No
Have you ever been diagnosed with COVID-19 or tested for COVID-19 but still awaiting results?	Yes	No
Have you been exposed to COVID-19 within the last 14 days (i.e. within the last 14 days, has anyone living in your household, or anyone you have been in direct contact with, been diagnosed with COVID-19 or tested for COVID-19 but still awaiting results)?	Yes	No
Has anyone living in your household been exposed to COVID-19 within the last 14 days (i.e. within the last 14 days, has anyone living in your household been in direct contact with anyone living outside your household that has been diagnosed with COVID-19 or tested for COVID-19 but still awaiting results)?	Yes	No

2. **Instructions:**

- If you answered “**Yes**” to any of the above questions, please return home immediately and notify your supervisor.
- If you answered “**No**” to **ALL** of the above questions, you are permitted to work on site for the day, and:
  - You will be required to follow all additional precautions while on site, including mask-wearing, physical distancing, hand-washing, and routine cleaning of frequently touched surfaces.
  - If your answer to any of the questions above changes throughout the day, please return home immediately and notify your supervisor.

3. **Reminders:**

- A Self Health Check form must be completed daily by all staff working onsite.
- Please place completed forms face down in the folder and/or box provided.

4. **Certification:** By signing below, I certify that I have completed this Self Health Check form accurately and truthfully.

\_\_\_\_\_  
Signature

***Thank you for your cooperation!***