

DATE \_\_\_\_\_ NAME \_\_\_\_\_



## **COVID-19 SYMPTOMS DAILY CHECKLIST†**

**1) Have you experienced any of the following COVID-19 symptoms in the past 48 hours that are not caused by another diagnosed health condition?**

- | YES                      | NO   | YES                      | NO  |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> fever or chills<br>(≥100.4° F or feel feverish) | <input type="checkbox"/> | <input type="checkbox"/> headache                   |
| <input type="checkbox"/> | <input type="checkbox"/> cough   | <input type="checkbox"/> | <input type="checkbox"/> new loss of taste or smell |
| <input type="checkbox"/> | <input type="checkbox"/> shortness of breath or difficulty breathing     | <input type="checkbox"/> | <input type="checkbox"/> sore throat                |
| <input type="checkbox"/> | <input type="checkbox"/> fatigue   | <input type="checkbox"/> | <input type="checkbox"/> congestion or runny nose   |
| <input type="checkbox"/> | <input type="checkbox"/> muscle or body aches                            | <input type="checkbox"/> | <input type="checkbox"/> nausea or vomiting         |
|                          |  | <input type="checkbox"/> | <input type="checkbox"/> diarrhea                   |

**2) Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes over a 24-hour period) with:**

- | YES                      | NO  |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> anyone who is known to have tested positive for COVID-19 <b>and</b> your close contact was during the 2 days prior to the onset of their symptom(s) or, if asymptomatic, 2 days prior to the administration of their test? |
| <input type="checkbox"/> | <input type="checkbox"/> anyone who has any symptoms consistent with COVID-19 (see #1) <b>and</b> your close contact was during the 2 days prior to the onset of their symptom(s)?  |

You do not need to quarantine after possible exposure to covid-19 if you (1) remain asymptomatic since the exposure **and** (2) were either:

- a) diagnosed with and recovered from COVID-19 within the past 3 months; or
- b) fully vaccinated against COVID-19 **and** at least 2 weeks have passed since your final dose of the vaccine.

**IF YOU MEET THESE REQUIREMENTS, YOU MAY ENTER BIE FACILITIES EVEN IF YOU ANSWERED YES IN #2.**

**3) Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?**

- | YES                      | NO                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

**4) Are you currently waiting on the results of a COVID-19 test?**

- | YES                      | NO                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

***I have read and understand the questions and content of this checklist. My signature below certifies that my answers are true and correct to the best of my knowledge.***

▶ \_\_\_\_\_  
**Signature**

**Did you answer NO to ALL QUESTIONS? Access to BIE facilities is APPROVED. Please submit this sheet as directed upon entry.**

**Did you answer YES to ANY QUESTION? Access to BIE facilities is NOT APPROVED.**

- 1) If you are not already at home, please avoid contact with others and go straight home immediately.
- 2) Contact your supervisor (if you are an employee) to discuss your need for leave and the availability of telework assignments.
- 3) Call your primary care provider for further instructions, including information about COVID-19 testing.

**If you answered yes to any question:**

- ° Stay home for 14 days after your last contact with a person who has COVID-19.
- ° Watch for fever (100.4° F), cough, shortness of breath, or other symptoms of COVID-19.
- ° If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19.

**If your access has been denied, you may return to the worksite when:**

- 1) your recommended quarantine or isolation period ends; or
- 2) if you tested positive and had symptoms, at least 10 days have passed since the onset of symptoms, you have been fever-free for 24 hours (w/o using fever-reducing medicine), and your symptoms have improved; or
- 3) if you had no symptoms, 10 days from the day your COVID-19 test was administered.