COVID-19 Daily Self Checklist

Employees

Instructions:

- You are required to complete this checklist each day before reporting to work.
- If you answer YES to any of the questions below, STAY HOME and immediately contact your supervisor. You will not be permitted to return to work until you meet all return-to work criteria.
- If you answer NO to the questions below, you must turn this completed checklist in to your supervisor upon reporting to work.
- During your absences, you will have the choice to use sick leave under the Emergency Paid Sick Leave Act ("EPSLA"), limited to a maximum of two weeks (80 hours, or a part-time employee's two-week equivalent) at full pay, or you may choose to use your District sick leave days. Please be aware the ESPLA sick leave expires on December 31, 2020. Please notify your supervisor of which sick leave you are electing.
- If you start feeling sick while at work or experiencing the symptoms listed below, report your symptoms to your supervisor immediately.

Question	Yes	No
Do you have a temperature of 100.4°F or greater?	☐	☐
Are you taking fever-reducing medicines, such as those that contain aspirin, ibuprofen or acetaminophen, in order to reduce your fever?	☐	☐
Have you had close contact or cared for someone with COVID-19 within the past 14 days?	☐	☐
Have you returned from travel outside the United States or on cruise ship or river boat within the past 14 days?	☐	☐
Have you been directed to self-quarantine by a health care provider?	☐	☐
Have you been directed to self-quarantine by the County or State Department of Public Health?	☐	☐
Are you experiencing any of the following symptoms?		
• Chills	☐	☐
• Cough	☐	☐
• Shortness of breath or difficulty breathing	☐	☐
• Fatigue	☐	☐
• Muscle or body aches	☐	☐
• Headache	☐	☐
• New loss of taste or smell	☐	☐
• Sore Throat	☐	☐
• Congestion or runny nose	☐	☐
• Nausea or vomiting	☐	☐
• Diarrhea	☐	☐

I hereby acknowledge that I have received a copy of this COVID-19 Daily Self Checklist. I understand that I am required to honestly and accurately complete this checklist each day before reporting to work.

EMPLOYEE NAME: _____   DATE: _____