

Daily COVID-19 Employee Self-Observation Questionnaire



The purpose of this questionnaire is for you to self-observe your daily health prior to coming to work. It was developed with criteria from the CDC.

Take your temperature every day before reporting to work and write it down: _____.

If your temperature is greater than 100.4 degrees F, or you answer **YES** to any of the following questions, **stay home** and immediately inform your manager, dean, or division head. **Do not report to work if you are sick; if you become ill while at work, go home immediately.** Faculty and staff can use accrued leave for this purpose.

Please answer the following questions:		
1. Do you think or know you have had COVID-19 and had symptoms? If YES , advise your manager and your manager will inform Human Resources. Stay home until the following criteria has been met: <ul style="list-style-type: none"> At least 10 days since symptoms first appeared and At least 24 hours with no fever without fever-reducing medication and Symptoms have improved 	YES	NO
2. Have you tested POSITIVE for the coronavirus and had no symptoms? If YES , stay home and monitor your symptoms. If you continue to have no symptoms, you can return to campus after 10 days have passed since the test.	YES	NO
3. Have you had close contact exposure with a: <ul style="list-style-type: none"> Person with COVID-19 who has had symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness) Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation) DPH defines close contact as: <ul style="list-style-type: none"> Living in the same household as a sick person with COVID-19; Caring for a sick person with COVID-19; Being within 6 feet of a sick person with COVID-19 for about 15 minutes; OR, Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.) If YES , advise your manager of the situation and your manager will inform HR. You should stay home until 14 days after last exposure and monitor symptoms.	YES	NO
4. Have you traveled out of the country within the last 14 days? If YES , advise your manager of the situation and stay home for 14 days from your arrival back to the United States. Return to work if there are no symptoms.	YES	NO
Are you experiencing or have you experienced any of the following symptoms in the past 14 days? If you answer YES to at least one of these questions, stay home and call your healthcare provider.		
• Cough (not related to allergies)	YES	NO
• Shortness of breath	YES	NO
• Difficulty breathing	YES	NO
• Fever (>100.4 °F)	YES	NO
• Chills	YES	NO
• Repeated shaking with chills	YES	NO
• Runny nose or new sinus congestion	YES	NO
• Muscle pain	YES	NO
• Sore throat or headache	YES	NO
• Fatigue	YES	NO
• New GI symptoms	YES	NO
• New loss of taste or smell	YES	NO

This list does not include all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea. For the most up-to-date information on COVID-19 symptoms, check the CDC's website: <https://www.cdc.gov>.

By coming to campus, an employee is acknowledging that they have completed the self-monitoring requirements earlier that day and confirmed that they do not have signs/symptoms of COVID-19. Once you begin your workday, continue to observe yourself for any changes such as fever, coughing and/or difficulty breathing.

GHC Point of Contact (POC) for testing and Contact Tracing:

HR_COVID-19@highlands.edu

706-368-7724

USE THIS PERSONAL TOOL TO HELP TRACK SYMPTOMS AND TEMPERATURE PRIOR TO COMING TO WORK

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