

EMPLOYEE + VOLUNTEER PRE-WORK HEALTH CHECKLIST

IN THE PAST 24 HOURS, HAVE YOU EXPERIENCED ANY OF THE FOLLOWING:

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| Subjective fever (felt feverish) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New or worsening cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diarrhea | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New loss of taste or smell | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to any of the above, or you have a temperature of **100.4°F or higher**:

PLEASE - DO NOT GO TO WORK OR VOLUNTEER.

Self-isolate at home and contact a physician or urgent care facility for further direction.

- Isolate at home for at least 7 days from the onset of symptoms
- Do not return to work/volunteer until you've had 3 days without fever and respiratory symptoms have improved

IN THE LAST 14 DAYS, HAVE YOU:

Traveled domestically or internationally? * ☐ Yes ☐ No

If yes, SELF-MONITOR FOR SYMPTOMS

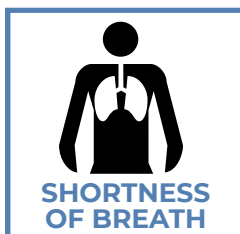
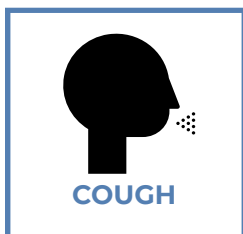
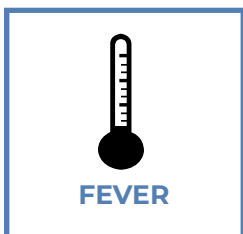
Been in close contact with a person diagnosed with COVID-19? * ☐ Yes ☐ No

If yes, SELF-MONITOR FOR SYMPTOMS

* You may work at your employer's discretion-- provided that you remain asymptomatic

COVID-19 SPREADS THROUGH CLOSE CONTACT

KNOW THE SYMPTOMS



PRACTICE SIMPLE PRECAUTIONS



Genesee County
Health Department
Your Health. Our Work.



@GeneseeCountyHealthDepartment

For more information
visit our website at www.gchd.us/coronavirus
and follow us on Facebook!

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