

New In Version 74

The following table is an executive summary of the changes to version 74.

Change/ Justification	To review this change please see:
Deleted the Unvaccinated Pathways because there is no longer different guidance based on vaccination status.	Q39 (and below)
Added T208 and T209 to replace guidance for exposed individuals and remove references to differences in guidance based on vaccination status (replaced throughout).	T208 and T209
Edited the definition of exposure to reflect updated guidance.	Q45 and Q45-PED
Edited messages referencing quarantine to say “take extra precautions” rather than quarantine.	T201 and T202
Updated links due to archiving of old pages and introduction of new pages. Removed references to “6 feet” guidance.	Endcap

CDC

Coronavirus Self-Checker

Content and Messages

V74

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Abbreviations and Terms Used

Abbreviation	Term	Definition
AA	Adult Asymptomatic	refers to an adult without symptoms
AS	Adult Symptomatic	refers to an adult with symptoms
ES	Enter Screening	beginning of screener
MSG	Care Advice Message	recommended actions and resources given at the end of the assessment
PA	Pediatric Asymptomatic	refers to a pediatric user ages 2 –17 years without symptoms
PS	Pediatric Symptomatic	refers to a pediatric user ages 2 –17 years with symptoms
Q	Question	identifies question number in the assessment
T	Testing Message	recommended testing advice given at the end of the assessment

Technical Notes

This document provides all of the content and messages used in the CDC Self-Checker.

Document format

Answer sets are provided in tables, where column one or two (in some places) corresponds to how the user answered each question or in some cases previous questions as noted, the second to last column gives the response set, and the last column gives a code that is used for all referencing and coding used for programming the Self-Checker (included for reference only). Question numbers correspond to those in the Self-Checker template diagram and do not necessarily indicate order.

Example:

Q8. Do you live in a long-term care facility, nursing home, or homeless shelter?

- **Yes → See table below**
- **No → Go to next question**

<i>Answer to question 8</i>	<i>Answer to question 31</i>	<i>Outcome → Stop triage and give</i>	<i>Position in decision tree</i>
<i>Yes</i>	<i>Test = Positive</i>	<i>MSG7, T5, T50</i>	<i>AS-21</i>

Age Specifications:

- Ages 17 years and younger are considered CHILD
- Ages 18–64 years are considered ADULT
- Ages 65 years and older are considered ADULTS with a HIGH-RISK status

For Ages 13–17 years and if assessment is done by “Myself” then [MSG22](#) is added at the end.

User design

If the user fails to answer any question after being prompted or reminded three times, stop triage and give Message 0 (ES-3 on decision tree).

Endcap

The final message given at the end of the assessment is a reminder for users to take precautions every day to protect themselves and to help stop the spread of COVID-19. If a user fails to consent or abandons the assessment before finishing, give endcap message.

Steps to follow every day:

- Stay up to date on vaccination, including recommended booster doses. You are up to date if you have completed a primary series and received the most recent booster dose recommended for you by CDC.
- Maintain ventilation improvements.
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for isolation if you have suspected or confirmed COVID-19.

- Follow the recommendations for what to do if you are exposed to someone with COVID-19.
- If you are at high risk of getting very sick, talk with a healthcare provider about additional prevention actions.

Select the links below for more information on:

- [COVID-19 symptoms](#)
- [Post-COVID conditions](#)
- [When to get tested](#)
- [Protecting yourself and others from getting sick](#)
- [When to isolate and for how long](#)
- [What to do if you were exposed to COVID-19](#)
- [Taking care of yourself when you are sick](#)
- [Taking care of someone else who is sick](#)
- [Treatments your healthcare provider might recommend if you are sick](#)
- [Learn about COVID-19 vaccines](#)
- [Find COVID-19 vaccine locations near you](#)
- [Please also see your local area's website: \[link to state/territory/city health department website based on their location selection\]](#)

Flu Season Testing Message (shown above rest of endcap messaging; only given during flu season to symptomatic users): T50

User experience questions:

UX1. Will you answer **two questions** about your experience with this screening tool?

- Yes→UX2
- No→ endcap

If yes, ask:

UX2. Was this screening tool helpful?

- Yes
- Somewhat
- No

UX3. Based on the information provided here, how likely are you to follow these recommendations?

- Very likely
- Somewhat likely
- Not very likely
- Not likely at all

Enter Screening

[Disclaimer \(must agree to continue\)](#)

The purpose of the Coronavirus Self-Checker is to help you make decisions about seeking appropriate medical care. This system is not intended for the diagnosis or treatment of disease, including COVID-19.

This project was made possible through a partnership with the CDC Foundation and is enabled by Microsoft's Azure platform. CDC's collaboration with a non-federal organization does not imply an endorsement of any one particular service, product, or enterprise.

To continue using this tool, please agree that you have read and understood the contents of this disclaimer.

Ver74 (9.12.2022)

- I agree
- I don't agree

I agree	Intro Messaging	
I don't agree	MSG12 Repeat disclaimer	ES-1
I don't agree (3x)	Stop Triage MSG12	ES-1

If a user does not select "agree" or "I do not agree" to disclaimer message, then give:

Your consent is required to use the Self-Checker.

If a user selects "I do not agree" to disclaimer message, then give:

Please consent to use the Self-Checker.

[Intro Messaging](#)

Hi, I'm Clara. I'm going to ask you some questions. I will use your answers to give you advice about the steps you should take to protect yourself and others from COVID-19. If answering for someone else, please respond to all questions as if you are them. If you need to start over, refresh the page and start again.

If you are experiencing a life-threatening emergency, please call 911 immediately.

If you are not experiencing a life-threatening emergency, let's get started.

***CDC recommends these steps to protect you and others from COVID-19:**

- Stay up to date on vaccination, including recommended booster doses. You are up to date if you have completed a primary series and received the most recent booster dose recommended for you by CDC.
- Maintain ventilation improvements.
- Avoid contact with people who have suspected or confirmed COVID-19.
- Follow recommendations for isolation if you have suspected or confirmed COVID-19.
- Follow the recommendations for what to do if you are exposed to someone with COVID-19.

- If you are at high risk of getting very sick, talk with a healthcare provider about additional prevention actions.

Q0. Are you in the United States or a U.S. territory right now?

- Yes
- No

Yes	Q0A	
No	Q4 Add MSG11 to message list.	ES-2

Q0A. Where in the United States or in which U.S. territory are you currently located?

Select location	All answers lead to Q34 (does not affect decision tree)	
No response	Display message “Please select a location to keep using the self-checker” and repeat question	
If response is a location that wishes to offramp immediately to their own triage tool at this point	Stop triage MSG 13 (with link to the location’s website)	ES-4

Q34. What is your ZIP code? (optional) for U.S. users only

Q4. Are you answering for yourself or someone else?

- Myself
- Someone else (If answering for someone else, please answer all questions using their information.)

Myself or Someone Else	Q39	
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Q39. Are you up to date with your COVID-19 vaccination, meaning you have completed a primary series and received the most recent booster dose recommended for you by CDC?

- a) Yes
- b) No

Q40. What is your age?

- a. Younger than 2 years
- b. 2 - 4 years
- c. 5-9 years
- d. 10-12 years
- e. 13-17 years
- f. 18-29 years
- g. 30-39 years
- h. 40-49 years
- i. 50-59 years
- j. 60-64 years
- k. 65-69 years
- l. 70-79 years
- m. 80+ years

Age < 2	Stop triage MSG19	FV-272
Age ≥ 2 and ≤ 9	MSG20 If Q4=Someone else, Go to Q41-PED (Pediatric Pathway) If Q4 = Myself Stop triage MSG20 If Q4 = Someone else If Q4=Someone else, Go to Q41-PED (Pediatric Pathway) Go to Q5-PED (Pediatric Pathway)	FV-84
Age ≥ 10 and ≤ 12	MSG21 Go to Q41-PED (Pediatric Pathway)	FV-85
Age ≥ 13 and ≤ 17	MSG22 Go to Q41-PED (Pediatric Pathway)	FV-86
Age ≥ 18	Go to Q41 (Adult Pathway)	

Adult Pathway

Q41. What sex were you assigned at birth on your original birth certificate?^{1,2}

- a) Male
- b) Female
- c) I prefer not to say

¹ Affects subsequent questions regarding pregnancy (ask only of people who respond Female, Refused or I don't know) as a risk status.

² Based on the OMB/Federal Committee on Statistical Methodology recommended terminology of sexual orientation and gender identity survey measures, Updates on Terminology of Sexual Orientation and Gender Identity Survey Measures.

- d) I don't know

Q42. How do you currently describe yourself?

- a. Male
- b. Female
- c. Transgender
- d. I prefer not to say

Q43. Are you of Hispanic, Latino, or Spanish origin?

*This question is optional. We are using this information to evaluate government programs to ensure that they fairly and equitably serve the needs of all ethnic and racial groups and to monitor compliance with antidiscrimination laws, regulation, and policies.

- a. Yes
- b. No
- c. I prefer not to say

Q44. What is your race? (please select all that apply)

*This question is optional. We are using this information to evaluate government programs to ensure that they fairly and equitably serve the needs of all ethnic and racial groups and to monitor compliance with antidiscrimination laws, regulation, and policies.

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- f. I prefer not to say

Q52. Do you have any of these life-threatening symptoms?

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

*This list is not all possible symptoms. Please call a medical provider for any symptoms that are severe or concerning to you.

- Yes
- No

Yes	Stop triage MSG4	FV-1
No	Q45	

Q45. In the last two weeks, have you been [exposed to](#) COVID-19?

- Yes
- No
- I don't know

Yes	Q53	
No		
I don't know		

Q53. In the last 10 days, have you been tested for COVID-19?

- a) I have been tested in the last 10 days and my result was positive.
- b) I have been tested in the last 10 days and my result was negative.
- c) I have been tested in the last 10 days and I am waiting for my result.
- d) I have not been tested.

Q46. In the last 10 days, have you experienced any of the symptoms listed below? (check all that apply)

- a. Fever or feeling feverish (such as chills, sweating)
- b. Cough
- c. Mild or moderate difficulty breathing (breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out)
- d. Sore throat
- e. Muscle aches or body aches
- f. Unusual fatigue
- g. Headache
- h. New loss of taste or smell
- i. Congestion or runny nose
- j. Nausea or vomiting
- k. Diarrhea
- l. Other symptoms
- m. No symptoms

Q46(Symptoms)= Other Symptoms Q45(Exposure)= Yes or I don't know	Test = Positive	Stop triage MSG10, MSG308	FV-273
	Test = Negative	Stop triage MSG10, T209	FV-274
	Test = Pending	Stop triage MSG10, T209	FV-275
	Test = No Test	Stop triage MSG10, T209	FV-276
Q469(Symptoms)= Other Symptoms Q45 (Exposure) = No	Test = Positive	Stop triage MSG10, MSG308	FV-277
	Test = Negative	Stop triage MSG10, T6	FV-165
	Test = Pending	Stop triage MSG10	FV-278
	Test = No Test	Stop triage <u>T201</u>	FV-167
Q46 (Symptoms) = Yes (a-k)		Go To Q47 -Symptomatic Pathway	

Q45 (Exposure) = Yes, no, or I don't know			
Q46 (Symptoms) = No Symptoms Q45(Exposure)= Yes, no, or I don't know		Go To Q50 -Asymptomatic Pathway	

Adult, Symptomatic

Q47. Do you live in a long-term care facility, nursing home, correctional facility, or homeless shelter?

- Yes
- No

Q47(Congregate Care)=Yes AND Q45 (Exposure)=Yes or I don't know AND Q46 (Symptoms)=Yes (a-k)	Test = Positive	Stop triage MSG307, MSG308	FV-279
	Test = Negative	Stop triage MSG300, MSG202, T106	FV-169
	Test = Pending	Stop triage MSG300, T208	FV-280
	Test = No Test	Stop triage MSG300,T208	FV-281
Q47(Congregate Care)=Yes AND Q45 (Exposure)=No AND Q46 (Symptoms)=Yes (a-k)	Test = Positive	Stop triage MSG307, MSG308	FV-172
	Test = Negative	Stop triage MSG300, T106	FV-173
	Test = Pending	Stop triage MSG300, MSG29	FV-174
	Test = No Test	Stop triage MSG300, T208	FV-282
Q47 (Congregate Care)= No		Go To Question 48	

Q48. In the last two weeks, have you worked or volunteered in a healthcare facility or as a first responder? Healthcare facilities include a hospital, medical or dental clinic, long-term care facility, or nursing home.

- Yes
- No

Q48(HCW)=Yes AND	Test = Positive	Stop triage MSG302, MSG8, MSG308	FV-283
	Test = Negative	Stop triage	FV-177

Q45 (Exposure)=Yes or I don't know AND Q46 (Symptoms)=Yes (a-k)		MSG302, MSG8, T106	
	Test = Pending	Stop triage MSG302, T208	FV-284
	Test = No Test	Stop triage MSG302,T208	FV-285
Q47(HCW)=Yes AND Q45 (Exposure)=No AND Q46 (Symptoms)=Yes	Test = Positive	Stop triage MSG302, MSG8, MSG308	FV-286
	Test = Negative	Stop triage MSG302, MSG8, T106	FV-181
	Test = Pending	Stop triage MSG302, T208	FV-287
	Test = No Test	Stop triage MSG302, T208	FV-288
Q47 (HCW)= No		Go To Question 49	

Q49. Do you have, or have you had any of the following? (check all that apply)

- a. Asthma
- b. Cancer
- c. Chronic kidney disease
- d. Chronic liver disease
- e. Chronic lung diseases
- f. Cystic fibrosis
- g. Dementia or other neurological conditions
- h. Diabetes (type 1 or type 2)
- i. Down syndrome or other disabilities
- j. Heart conditions
- k. HIV infection
- l. Immunocompromised state (weakened immune system) or use of immunosuppressant medication
- m. Mental health conditions
- n. Overweight and obesity
- o. Pregnancy ** If female/other gender is selected and age is ≥ 12 years and < 60 years, then include question on pregnancy
- p. Sickle cell disease or thalassemia
- q. Smoking, current or former
- r. Solid organ or blood stem cell transplant
- s. Stroke or cerebrovascular disease, which affects blood flow to the brain
- t. Substance use disorders
- u. Tuberculosis
- v. Primary immunodeficiency
- w. Physical inactivity
- x. None of the above

	Test = Positive	Stop triage MSG301, MSG308	FV-289
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Q49 (Underlying Conditions)=Yes or Over 65 AND Q45 (Exposure)=Yes or I don't know AND Q46 (Symptoms)=Yes (a-k)	Test = Negative	Stop triage MSG301, T106	FV-185
	Test = Pending	Stop triage MSG301, T208	FV-290
	Test = No Test	Stop triage MSG301,T208	FV-291
Q49(Underlying Conditions)=Yes or Over 65 AND Q45 (Exposure)=No AND Q46 (Symptoms)=Yes	Test = Positive	Stop triage MSG301, MSG308	FV-292
	Test = Negative	Stop triage MSG301, T106	FV-193
	Test = Pending	Stop triage MSG301, T208	FV-293
	Test = No Test	Stop triage MSG301, T208	FV-294
Q49(Underlying Conditions)= None and Under 65 AND Q45 (Exposure)=No AND Q46 (Symptoms)=Yes	Test = Positive	Stop triage MSG8, MSG308	FV-295
	Test = Negative	Stop triage MSG8, T106	FV-197
	Test = Pending	Stop triage MSG8, T208	FV-296
	Test = No Test	Stop triage MSG8, T208	FV-297
Q49(Underlying Conditions)= None and Under 65 AND Q45 (Exposure)=Yes or I don't know AND Q46 (Symptoms)=Yes	Test = Positive	Stop triage MSG8, MSG308	FV-298
	Test = Negative	Stop triage MSG8, T106	FV-189
	Test = Pending	Stop triage MSG8, T208	FV-299
	Test = No Test	Stop triage MSG8, T208	FV-300

Adult, Asymptomatic

Q50. Do you live in a long-term care facility, nursing home, correctional facility, or homeless shelter?

- Yes
- No

Q50(Congregate Care)=Yes AND	Test = Positive	Stop triage MSG307, MSG202, MSG308, T105	FV-200
	Test = Negative	Stop triage	FV-301

Q45 (Exposure)=Yes or I don't know AND Q46 (Symptoms)= No (M)		MSG216, MSG202, T209 T105	
	Test = Pending	Stop triage MSG216, MSG202, T209, T105	FV-302
	Test = No Test	Stop triage MSG216, T209	FV-303
Q47(Congregate Care)=Yes AND Q45 (Exposure)=No AND Q46 (Symptoms)= No (M)	Test = Positive	Stop triage MSG307, MSG308, T105	FV-204
	Test = Negative	Stop triage T202	FV-205
	Test = Pending	Stop triage T202	FV-304
	Test = No Test	Stop triage T109	FV-207
Q47 (Congregate Care)= No		Go To Question 51	

Q51. In the last two weeks, have you worked or volunteered in a healthcare facility? Healthcare facilities include a hospital, medical or dental clinic, long-term care facility, or nursing home.

- Yes
- No

Q51 (HCW)=Yes AND Q45 (Exposure)=Yes or I don't know AND Q46 (Symptoms)=No (M)	Test = Positive	Stop triage MSG203, MSG308, T105	FV-305
	Test = Negative	Stop triage T209, T105	FV-306
	Test = Pending	Stop triage T209, T105	FV-307
	Test = No Test	Stop triage T209	FV-308
Q51 (HCW) = No AND Q45 (Exposure)=Yes or I don't know AND Q46 (Symptoms)=No (M)	Test = Positive	Stop triage MSG308, T105	FV-212
	Test = Negative	Stop triage T209	FV-309
	Test = Pending	Stop triage T209, T105	FV-310
	Test = No Test	Stop triage T209	FV-311
Q51 (HCW) = No AND Q45 (Exposure)=No AND Q46 (Symptoms)=No	Test = Positive	Stop triage MSG308, T105	FV-220
	Test = Negative	Stop triage T202	FV-221
	Test = Pending	Stop triage T6	FV-312

	Test = No Test	Stop triage MSG1, T0	FV-223
Q51 (HCW)= Yes AND Q45 (Exposure)=No AND Q46 (Symptoms)=No	Test = Positive	Stop triage MSG203, MSG308, T105	FV-216
	Test = Negative	Stop triage T202	FV-217
	Test = Pending	Stop triage T202	FV-313
	Test = No Test	Stop triage MSG202	FV-219

Pediatric Pathway

Q41-PED. What sex were you assigned at birth on your original birth certificate?³

- a) Male
- b) Female
- c) I prefer not to say
- d) I don't know

Q42-PED. How do you currently describe yourself?

- a. Male
- b. Female
- c. Transgender
- d. I prefer not to say

Q43-PED. Are you of Hispanic, Latino, or Spanish origin?

*This question is optional. We are using this information to evaluate government programs to ensure that they fairly and equitably serve the needs of all ethnic and racial groups and to monitor compliance with antidiscrimination laws, regulation, and policies.

- a. Yes
- b. No
- c. I prefer not to say

Q44-PED. What is your race? (please select all that apply)

*This question is optional. We are using this information to evaluate government programs to ensure that they fairly and equitably serve the needs of all ethnic and racial groups and to monitor compliance with antidiscrimination laws, regulation, and policies.

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- f. I prefer not to say

Q52-PED. Do you have any of these life-threatening symptoms?

- Trouble breathing
- Persistent pain or pressure in the chest

³ Affects subsequent questions regarding pregnancy (ask only of people who respond Female, Refused or I don't know) as a risk status.

- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

- Yes
- No

Yes	Stop triage MSG4	FV-87
No	Q45-PED	

Q45-PED. In the last two weeks, have you been [exposed to](#) COVID-19?

- Yes
- No
- I don't know

Yes	Q53-PED	
No		
I don't know		

Q53-PED. In the last 10 days, have you been tested for COVID-19?

- I have been tested in the last 10 days and my result was positive.
- I have been tested in the last 10 days and my result was negative.
- I have been tested in the last 10 days and I am waiting for my result.
- I have not been tested.

Q46-PED. In the last 10 days, have you experienced any of the symptoms listed below? (check all that apply)

- Fever or feeling feverish (such as chills, sweating)
- Cough
- Mild or moderate difficulty breathing (breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out)
- Sore throat
- Muscle aches or body aches
- Headache
- Diarrhea
- Nausea or vomiting
- Stomach ache or pain in abdomen
- New loss of taste or smell
- New rash
- Red eyes

- m. Congestion or runny nose
- n. Other symptoms
- o. No symptoms

Q46-PED (Symptoms)= n, Other Symptoms Q45-PED (Exposure)= Yes or I don't know	Test = Positive	Stop triage MSG10, MSG308, MSG306	FV-314
	Test = Negative	Stop triage MSG10, T209	FV-315
	Test = Pending	Stop triage MSG10, MSG29, T209	FV-316
	Test = No Test	Stop triage MSG10, T209	FV-317
Q46-PED (Symptoms)= n, Other Symptoms Q45-PED (Exposure) = No	Test = Positive	Stop triage MSG10, MSG308, MSG306	FV-318
	Test = Negative	Stop triage MSG10, T6	FV-229
	Test = Pending	Stop triage MSG10	FV-319
	Test = No Test	Stop triage T201	FV-231
Q46-PED (Symptoms) = Yes (a-m) Q45-PED (Exposure) = Yes, no, or I don't know		Go To Q47-PED – Pediatric-Symptomatic Pathway	
Q46-PED (Symptoms) = No Symptoms (o) Q45-PED (Exposure)= Yes, no, or I don't know		Go To Q50-PED – Pediatric-Asymptomatic Pathway	

Pediatric, Symptomatic

Q47-PED. Do you live in a group home or other setting with others (pediatric skilled nursing facility, behavioral health center, juvenile detention center, or homeless shelter)?

- Yes
- No

Q47-PED (Congregate Care)=Yes AND	Test = Positive	Stop triage MSG307, MSG308	FV-320
	Test = Negative	Stop triage MSG216, T209 T106	FV-321
	Test = Pending	Stop triage	FV-322

Q45-PED (Exposure)=Yes or I don't know		MSG216, MSG202, T208	
	Test = No Test	Stop triage MSG216, T208	FV-323
Q47-PED (Congregate Care)=Yes AND Q45-PED (Exposure)=No	Test = Positive	Stop triage T105, MSG307, MSG308	FV-236
	Test = Negative	Stop triage MSG202, T106	FV-237
	Test = Pending	Stop triage MSG202, MSG29, T208	FV-324
	Test = No Test	Stop triage T4, MSG7	FV-239
Q47-PED (Congregate Care)= No		Go To Q49-PED	

Q49-PED. Do you have, or have you had any of the following? (check all that apply)

- a. Asthma
- b. Cancer
- c. Chronic kidney disease
- d. Chronic liver diseases
- e. Chronic lung diseases
- f. Cystic fibrosis
- g. Neurologic condition, such as cerebral palsy
- h. Diabetes (type 1 or type 2)
- i. Some disabilities (including Down syndrome)
- j. Heart conditions
- k. HIV infection
- l. Immunocompromised state (weakened immune system)
- m. Mental health conditions
- n. Overweight and obesity
- o. Pregnancy ** If female/other gender is selected and age is ≥ 12 years and < 60 years, then include question on pregnancy
- p. Sickle cell disease or thalassemia
- q. Smoking, current or former
- r. Solid organ or blood stem cell transplant
- s. Stroke or cerebrovascular disease, which affects blood flow to the brain
- t. Substance use disorders
- u. Tuberculosis
- v. Born premature
- w. Primary immunodeficiency
- x. Physical inactivity
- y. None of the above

Exposed

Q49-PED (Underlying Conditions) = Yes And Q45-PED (Exposure) = Yes or I don't know	Test = Positive	Stop triage MSG5 , MSG306 , MSG308	FV-325
	Test = Negative	Stop triage MSG5 , T106 , T209	FV-326
	Test = Pending	Stop triage MSG5 , T208	FV-327
	Test = No Test	Stop triage MSG5 , T4 , T208	FV-328
Q49-PED (Underlying Conditions) = None And Q45-PED (Exposure) = Yes or I don't know	Test = Positive	Stop triage MSG9 , MSG306 , MSG308	FV-329
	Test = Negative	Stop triage MSG9 , T106 , T209	FV-330
	Test = Pending	Stop triage T208	FV-331
	Test = No Test	Stop triage T208	FV-332

Not Exposed

Q49-PED (Underlying Conditions) = Yes And Q45-PED (Exposure) = No	Test = Positive	Stop triage MSG5 , MSG306 , MSG308	FV-333
	Test = Negative	Stop triage MSG5 , MSG24 , T106	FV-249
	Test = Pending	Stop triage MSG5 , MSG24 , T208	FV-334
	Test = No Test	Stop triage MSG24 , T208	FV-335
Q49-PED (Underlying Conditions) = None And Q45-PED (Exposure) = No	Test = Positive	Stop triage MSG9 , MSG306 , MSG308	FV-336
	Test = Negative	Stop triage MSG9 , MSG24 , T106	FV-253
	Test = Pending	Stop triage MSG9 , MSG24 , T208	FV-337
	Test = No Test	Stop triage MSG9 , MSG24 , T208	FV-338

Pediatric, Asymptomatic

Q50-PED. Do you live in a group home or other setting with others (pediatric skilled nursing facility, behavioral health center, juvenile detention center, or homeless shelter)?

- Yes
- No

	Test = Positive	Stop triage	FV-256
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Q50-PED (Congregate Care)=Yes AND Q45-PED (Exposure)=Yes or I don't know		MSG307,MSG308, MSG202, T105	
	Test = Negative	Stop triage MSG216, MSG202, T209, T105	FV-339
	Test = Pending	Stop triage MSG216, MSG202, T209, T105	FV-340
	Test = No Test	Stop triage MSG216, T209	FV-341
Q50-PED (Congregate Care)=Yes AND Q45-PED (Exposure)=No	Test = Positive	Stop triage T105, MSG307, MSG308	FV-264
	Test = Negative	Stop triage MSG202	FV-265
	Test = Pending	Stop triage MSG202	FV-342
	Test = No Test	Stop triage T109	FV-267

Q50-PED (Congregate Care)=No AND Q45-PED (Exposure) = Yes or Idk	Test = Positive	Stop triage MSG308, T105, MSG306	FV-260
	Test = Negative	Stop triage T206	FV-343
	Test = Pending	Stop triage MSG29, T209, T105	FV-344
	Test = No Test	Stop triage T209	FV-345
Q50-PED (Congregate Care)=No AND Q45-PED (Exposure) = No	Test = Positive	Stop triage MSG308, T105, MSG306	FV-268
	Test = Negative	Stop triage T202	FV-269
	Test = Pending	Stop triage T6	FV-346
	Test = No Test	Stop triage MSG1, T0	FV-271

Care Advice Messages^{4,5}

MSG0. <<You have not made a selection. Please start again and select options for each question so that I can help give you recommendations.>>

MSG1. <<Sounds like you are feeling ok.>>

⁴ *Given to every user in their first care message:* Please also see your local area's website: [link to state/territory/city health department website based on their location selection]

⁵ If international; MSG11 will be received as an endcap

MSG4. <<Based on your symptoms, you may need urgent medical care.>> Please call 911 or go to the nearest emergency department.

MSG5. <<Call your medical provider, clinician advice line, or telemedicine provider as soon as possible.>> You also have medical conditions that may put you at risk of becoming more seriously ill.

MSG7. <<Tell a caregiver in your facility that you are sick and need to see a medical provider as soon as possible.>> Stay in your room as much as possible except to get medical care.

MSG8. <<Stay home except to get medical care and take care of yourself.>> Call your medical provider if you start feeling worse.

MSG9. <<Stay home except to get medical care and take care of yourself.>> Call your medical provider, clinician advice line, or telemedicine provider.

MSG10. <<Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>> If you develop any of these symptoms or if you start feeling worse, call your medical provider, clinician advice line, or telemedicine provider.

MSG11. <<Guidance provided is meant for U.S. and U.S. territory based users. Non-U.S. based users should check with their relevant public health agency in country (e.g., Ministry of Health, National Centers for Disease Control, sub-national public health offices) for additional information and guidelines about COVID-19 in their location.>>

MSG12. <<Please consent to use the Coronavirus Self-Checker.>> Refresh the page to start again.

MSG13. <<Thanks! Your location has its own self-assessment tool.>> Please select here** to be directed to it.

**** Insert hyperlink to the state's website if they have their own triage tool.**

MSG19. <<This tool is intended for people ages 2 years and older.>> Please call the child's medical provider, clinician advice line, or telemedicine provider if your child is younger than 2 years and sick.

MSG20. <<Please ask your parent or guardian to help you complete these questions.>>

MSG21. <<Please ask your parent or guardian to answer these questions with you.>>

MSG22. <<Ask a parent or guardian to assist you, or if taking by yourself, share these results with your parent/guardian.>>

MSG24. <<Contact an administrator or nurse at your school or childcare as soon as possible.>>

MSG29. <<While waiting for your test results, isolate at home and follow the advice of your healthcare provider or public health professional.>>

MSG202. <<Ask a caregiver in your facility about when you can resume being around other people based on the results of your testing.>>

MSG203. <<Contact the occupational health provider (or supervisor) in your workplace to find out when you can resume being around other people based on the results of your testing.>>

MSG205. <<Tell a caregiver in your facility that you are not feeling well and need to see a medical provider as soon as possible.>>

MSG206. <<Tell the occupational health provider (or supervisor) in your workplace about your symptoms as soon as possible.>>

MSG208. <<Call your medical provider, clinician advice line, or telemedicine provider.>> If you start feeling worse, and you think it is an emergency, call 911 or seek medical care immediately.

MSG209. <<Tell a caregiver in your facility that you have developed new symptoms and need to see a medical provider as soon as possible.>>

MSG210. <<Your symptoms may be caused by COVID-19.>> While most people will recover and return to normal health, some people have symptoms that can last for weeks or months after having COVID-19. It is important to notify your healthcare provider of your symptoms because it could affect your healthcare needs in the future.

MSG215. <<While waiting for your test results, isolate at home and follow the advice of your healthcare provider or public health professional.>>

MSG216. <<Tell a caregiver in your facility that you may have been exposed to COVID-19 in the last 14 days.>>

MSG300. << Tell a caregiver in your facility that you are sick and need to see a medical provider as soon as possible.>> Stay in your room as much as possible except to get medical care.

MSG301. << Call your medical provider, clinician advice line, or telemedicine provider as soon as possible.>> You also have medical conditions that may put you at risk of becoming more seriously ill.

MSG302. <<Tell the occupational health provider (or supervisor) in your workplace as soon as possible that you're feeling sick.>>

MSG306. <<Tell an administrator or nurse at your school or childcare that you have tested positive for COVID-19.>>

MSG307. <<Tell a caregiver in your facility that you have tested positive for COVID-19. Ask about when you can resume being around other people based on the results of your testing.>>

MSG308. <<Isolate from others for at least 5 days. To calculate your 5-day isolation period, day 0 is your first day of symptoms or the day you were tested (not the day you received your positive test result) if you are asymptomatic. Day 1 is the first full day after your symptoms developed or the first full day following the day you were tested. Wear a high-quality mask if you must be around others in your home and monitor your symptoms.

- You can end isolation after 5 full days if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved. If you are immunocompromised or have moderate to severe symptoms of COVID-19, you should isolate through day 10. If you are immunocompromised or had severe illness, you should also consult a healthcare provider about when it is right for you to end isolation.
- You should continue to wear a high-quality mask around others at home and in public for 5 additional days (Day 6 through Day 10) after the end of your 5-day isolation period. If you have access to antigen tests, you should consider using them after you exit isolation on day 6. With two sequential negative tests 48 hours apart (the first may be taken as early as day 6), you may remove your mask sooner than day 10. If your antigen test results are positive, you may still be infectious and should not remove your mask around others. Continue taking antigen tests at least 48 hours apart until you have two sequential negative results. This may mean you need to continue wearing a mask and testing beyond day 10. Avoid people who are immunocompromised or at high risk for severe disease, and avoid nursing homes and other high-risk settings, until after at least 10 days following exposure.>>

MSG310. <<CDC recommends you isolate and stay away from others in your facility for at least 5 days. To calculate your 5-day isolation period, day 0 is your first day of symptoms or a positive test if you are asymptomatic. Day 1 is the first full day after your symptoms developed or you tested positive. If you are immunocompromised or have moderate to severe symptoms of COVID-19, you should isolate for at least 10 days, and consult a healthcare provider about when it is right for you to end isolation.

Wear a high-quality mask if you must be around others in your facility and monitor your symptoms. If you are unable to wear a mask when around others, you should continue to isolate for a full 10 days. Your facility may have more specific guidance. Please follow the guidance of your facility while exercising caution.>>

MSG312. <<If you have developed new symptoms, you should isolate and get tested for COVID-19. Continue to stay home until you know the results.>>

MSG313. <<Until you are able to receive results of a COVID-19 test, isolate and stay away from others for at least 5 full days from when you began to experience symptoms. If you still do not have the results of a COVID-19 tests, wear a high-quality mask when around others at home and in public for an additional 5 days. Do not go to places where you are not able to wear a mask, avoid travel, and avoid being around people who are more likely to get very sick from COVID-19. To calculate your 5-day isolation period, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed.>>

Testing Messages

T0. << Based on the answers given, you do not need to get tested unless recommended or required by your healthcare provider, employer, or public health official.>>

T4. <<Regardless of vaccination status or prior infection, CDC recommends that anyone with symptoms of COVID-19 should get tested and follow the advice of your healthcare provider.>>
[Contact](#) your local or state health department to find a testing location near you.

T6. <<Further testing may not be needed at this time, unless recommended by a provider.>>

T50. << Because some symptoms of flu and COVID-19 are similar, you may want to consider asking your provider about testing or treatment for influenza.>> See this [CDC webpage](#) for more information about COVID-19 and influenza.

T102. <<You may continue to test positive for three months or more without being able to infect other people.>> Talk with your healthcare provider about your test result and the type of test you took to understand what your results mean.

T103. <<Regardless of vaccination status or prior infection, you may need to be tested again if there is no other cause identified for your symptoms.>> Consider getting tested again for SARS-CoV-2 infection to consider the possibility of reinfection.

T105. <<If you have questions, talk with your healthcare provider about your test result and the type of test you took to understand what your results mean.>>

T106. <<If there is no other cause identified for your symptoms, consider getting tested again.>> If you have questions, talk with your healthcare provider about your test result and the type of test you took to understand what your results mean.

T109. <<Based on the answers given, you do not need to get tested unless recommended or required by your healthcare provider, employer, or public health official.>>

T201. <<If you continue to have no COVID-19 symptoms, you do not need to take extra precautions or get tested unless recommended or required by your healthcare provider, employer, or public health official.>>

T202. <<Based on the answers given, you do not need to take extra precautions or get tested unless recommended or required by your healthcare provider, employer, or public health official.>>

T208. <<Because you are experiencing symptoms of COVID-19, you should isolate from others immediately. You should continue to isolate, wearing a high-quality mask if you must be around others, until you are able to receive results of a COVID-19 test.

T209. <<Because you were or may have been exposed to someone with COVID-19, CDC recommends you wear a high-quality mask when around others for 10 full days after your exposure. You should get

tested 5 full days after you were exposed to someone with COVID-19, even if you don't develop symptoms. If you do develop symptoms, isolate immediately and get tested. For 10 full days following exposure, you should also take extra precautions with travel, or if you will be around people who are more likely to get very sick from COVID-19.>>

Currently Inactive Messages

MSG2. [no Care Message 2]

MSG3. [no Care Message 3]

MSG6. <<Tell the occupational health provider (or supervisor) in your workplace that you're feeling sick as soon as possible.>>

MSG14. <<If you start to feel sick, tell a medical provider in the care center, nursing home, or shelter where you live.>>

MSG15. <<As soon as possible, tell your occupational health provider (or supervisor) that you may have been in contact with someone with suspected COVID-19.>>

MSG16. <<Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>> If you develop any of these symptoms, call your medical provider, clinician advice line, or telemedicine provider.

MSG17. <<Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>> If you develop any of these symptoms, call your medical provider, clinician advice line, or telemedicine provider.

MSG18. <<Stay home for 14 days from the day you last had contact. Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>> If you develop any of these symptoms, call your medical provider, clinician advice line, or telemedicine provider.

MSG23. [no Care Message 23]

MSG25. <<Tell a caregiver in your facility that you may have been in close contact with someone who may have COVID-19.>>

MSG26. <<Tell an administrator or nurse at your school or child care that you may have been exposed to someone with COVID-19.>>

MSG27. <<Stay home and away from others until:>>

- it has been 10 days* from when your symptoms first appeared and

- you have had no fever for 24 hours without the use of medications **and**
- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

* If you have a weakened immune system (immunocompromised) due to a health condition or medication, you might need to stay home and isolate longer than 10 days and possibly 20 days after symptoms begin. In some circumstances, further testing may be needed. Talk to your healthcare provider for more information.

Additional information (dropdown menu)

- Please inform your close contacts that they have been potentially exposed to the coronavirus that causes COVID-19. CDC recommends that all close contacts of people with confirmed or probable COVID-19 should:
 - get tested **and**
 - quarantine for 14 days from the day of their last exposure. You may also receive a call from a contact tracing professional.
- Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, if needed to help you feel better.
- Separate yourself from other people. As much as possible, stay in a specific room and away from other people and pets in your home.

MSG28. <<You may have received a false-negative test result and still might have COVID-19. Contact your healthcare provider about your symptoms, especially if they worsen, about follow-up testing, and how long to isolate.>>

MSG30. <<Stay home and away from others until:>>

- it has been 10 days* from when your symptoms first appeared **and**
- you have had no fever for 24 hours without the use of medications **and**
- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

*If you have a weakened immune system (immunocompromised) due to a health condition or medication, you might need to stay home and isolate longer than 10 days and possibly 20 days after symptoms begin. In some circumstances, further testing may be needed. Talk to your healthcare provider for more information.

MSG31. <<CDC recommends that all close contacts of people with confirmed COVID-19 should quarantine for 14 days from the day of their last exposure.>> Check your local health department's website for information about options in your area to possibly shorten this quarantine period. You may also receive a call from a contact tracing professional.

MSG201. <<If you continue to have no symptoms, you can be around others after:>>

- 10 days have passed since the date you had your positive test.

Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing. If you develop any of these symptoms, call your medical provider, clinician advice line, or telemedicine provider.

MSG204. <<Contact your healthcare provider to find out when you can resume being around other people based on the results of your testing.>>

MSG207. [no Care Message 207]

MSG211. <<Stay home and away from others until:>>

- it has been 10 days* from when your symptoms first appeared **and**
- you have had no fever for 24 hours without the use of medications **and**
- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

*If you had severe illness from COVID-19 (you were admitted to a hospital and needed oxygen), your healthcare provider may recommend that you stay in isolation for longer than 10 days after your symptoms first appeared (possibly up to 20 days) and you may need to finish your period of isolation at home. Talk to your healthcare provider for more information.

<<Please note:>> While most people recover and return to normal health, some people have symptoms that can last for weeks or months after having COVID-19. It's important to notify your healthcare provider of your symptoms because it could affect your health care needs in the future.

MSG212. <<Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>> If you develop any symptoms, contact your healthcare provider to ask about retesting, and stay home and away from others until:

- it has been 10 days from when your symptoms first appeared **and**
- you have had no fever for 24 hours without the use of medications **and**
- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

MSG213. <<Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>> If you develop any symptoms, contact your healthcare provider, and stay home and away from others until:

- it has been 10 days from when your symptoms first appeared **and**
- you have had no fever for 24 hours without the use of medications **and**
- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

MSG214. <<As soon as possible, tell your occupational health provider (or supervisor) that you may have been in close contact with another person who has tested positive for COVID-19 in the last 14 days.>>

MSG217. << If you tested negative after being exposed to a person with COVID-19, you are likely not infected, but you still may get sick. Self-quarantine at home for 14 days after your exposure. Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing.>>

If you develop any symptoms, get tested for the virus that causes COVID-19, and stay home and away from others until:

- it has been 10 days from when your symptoms first appeared **and**
- you have had no fever for 24 hours without the use of medications **and**
- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

Additional information (dropdown menu)

<<Please note:>> Check your local health department's website for information about options in your area to possibly shorten this quarantine period. You may also receive a call from a contact tracing professional.

MSG303. <<Regardless of vaccination status, if you have been in close contact of another person who has tested positive for COVID-19 in the last 14 days, you should quarantine for 14 days from the day of your last exposure.>> Check your local health department's website for information about options in your area to possibly shorten this quarantine period. You may also receive a call from a contact tracing professional.

MSG304. << Watch for COVID-19 symptoms such as fever, cough, or difficulty breathing for 14 days following an exposure.>>

If you develop any symptoms, get tested for SARS-CoV-2, and stay home and away from others until:

- it has been 10 days from when your symptoms first appeared and
- you have had no fever for 24 hours without the use of medications and
- your other symptoms of COVID-19 are improving*

(*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

MSG305. <<Tell a caregiver in your facility that you may have been in close contact with another person who has tested positive for COVID-19 in the last 14 days.>>

MSG309. <<The CDC recommends all those who have been in close contact to someone with COVID-19 and are not up to date on COVID-19 vaccinations quarantine for at least 5 full days following close contact. Stay home for 5 days, and wear a well-fitting mask if you must be around others in your home. To calculate your 5-day isolation period, day 0 is your first day of symptoms or a positive test if you are asymptomatic. Day 1 is the first full day after your symptoms developed or you tested positive. For 10 days following close contact, wear a mask any time you are around others inside your home or in public. Do not go to places where you are not able to wear a mask, avoid travel, and being around people who are at high risk.>>

MSG311. <<The CDC recommends you stay away from others in your facility for at least 10 days following close contact and then wear a well-fitting mask around others for an additional 5 days. If you are unable to wear a mask when around others, you should continue to quarantine for a full 10 days. Your facility may have more specific guidance. Please follow the guidance of your facility while exercising caution. >>

T1. [no testing message T1]

T2-Domestic [no testing message T2-Domestic]

T2-International <<You may be eligible for COVID-19 testing.>> Contact your local emergency services for more information.

T3. <<CDC recommends that all close contacts of people with confirmed COVID-19 should:>>

- get tested **and**
- quarantine for 14 days from the day of their last exposure. Check your local health department's website for information about options in your area to possibly shorten this quarantine period. You may also receive a call from a contact tracing professional.

T5. <<Further testing is not needed unless a healthcare provider recommends it.>>

T100. <<You do not need to quarantine or get tested as long as you do not develop new symptoms.>>

Ask your healthcare provider about getting tested again if you have been in close contact with another person who has tested positive for COVID-19 in the last 14 days.

T101. <<Ask your healthcare provider about getting tested again>>

- if you have been in close contact with another person who has tested positive for COVID-19 in the last 14 days **or**
- if you develop new symptoms.

T104. <<Ask your healthcare provider about getting tested again, especially if you have been in close contact with another person who has tested positive for COVID-19 in the last 14 days.>>

T107. <<Because you have been in close contact of another person who has tested positive for COVID-19 in the last 14 days, CDC recommends that you quarantine for 14 days from the day of your last exposure.>>

T108. <<If you have been a close contact of another person who has tested positive for COVID-19 in the last 14 days, you should:>>

- get tested **and**
- quarantine for 14 days from the day of your last exposure. Check your local health department's website for information about options in your area to possibly shorten this quarantine period. You may also receive a call from a contact tracing professional.

T200. <<Although the risk of being infected with the virus that causes COVID-19 is low if you are fully vaccinated, you should get tested and stay home and away from others, except to get medical care, until:>>

- it has been 10 days* from when your symptoms first appeared and
- you have had no fever for 24 hours without the use of medications and
- your other symptoms of COVID-19 are improving* (*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)

*If you have a weakened immune system (immunocompromised) due to a health condition or medication, you might need to stay home and isolate longer than 10 days and possibly 20 days after symptoms begin. In some circumstances, further testing may be needed. Talk to your healthcare provider for more information.

T203. <<Based on the answers given, you should get tested 3-5 days after exposure and wear a mask in public indoor settings.>> To maximize protection from the Delta variant and prevent possibly spreading to others, wear a mask indoors in public if you are in an area of substantial or high transmission.

T204. << If you have had close contact to COVID-19 and are not up to date on your COVID-19 vaccination, the CDC recommends that you get tested at least 5 days after you last had close contact with someone with COVID-19, even if you don't develop symptoms. Testing earlier than 5 days following close contact may lead to an inaccurate or false-negative result.

Even if you test negative, you should still continue to wear a well-fitting mask when around others until 10 days after your last close contact with someone with COVID-19.>>

T205. << If you had confirmed COVID-19 within the last 90 days (meaning you tested positive using a viral test), you do not need to quarantine after close contact to COVID-19. If you last had COVID-19 more than 90 days ago, you should get tested at least 5 days after you last had close contact with someone with COVID-19, even if you don't develop symptoms. Testing earlier than 5 days following close contact may lead to an inaccurate or false-negative result.>>

T206. <<If you are up to date on your COVID-19 vaccination and not experiencing symptoms of COVID-19, you do not need to quarantine. However, even if you don't develop symptoms, get tested at least 5 days after your last close contact with COVID-19. Testing earlier than 5 days following close contact may lead to an inaccurate or false-negative result.

You should take precautions until 10 days following close contact, which includes wearing a well-fitting mask when you are around others indoors, and avoiding places where you are not able to wear a mask, travel, and being around people who are at high risk.>>

T207. <<Although you are up to date with your COVID-19 vaccinations, you should isolate due to your symptoms of COVID-19. You should continue to isolate at home, wearing a well-fitting mask around others, until you are able to receive results of a COVID-19 test. >>