CSU EMPLOYEE COVID-19 DAILY SYMPTOM CHECKER



Date:	Employee Department:
Employee reporting symptoms:	Employee's supervisor:
Name of person filling out form (if different from employee re	eporting symptoms):
	employees, including student workers, who are reporting to university grounds or are expected and required to screen for COVID-19 symptoms each day and report
An online version of this form is available at https://covidrec	overy.colostate.edu/daily-symptom-checker/. You do not have to fill out both the

If an employee reports they are experiencing symptoms: If employees using this form have symptoms, the employee should report the results of this screening to CSU Environmental Health Services Public Health immediately. Contact CSU Environmental Health Services Public Health immediately at 970-491-6121 or 970-491-1816.

online version or this paper form. This paper form is provided to individuals who do not have access to technology to fill out the online

*If you report any symptoms that are not related to a pre-existing condition, medically diagnosed issue, or seasonal allergies, do not report to work.

Employees should keep these forms and turn them into their supervisor when able to do so and are symptom-free.

If you are not experiencing symptoms: After completing each form without symptoms, employees should turn them into their supervisors. Employees may log up to four days of symptom checking before turning forms into supervisors when they are symptom free.

INSTRUCTIONS FOR SUPERVISORS: Supervisors should retain these forms in a secure place for three months, and provide the forms upon request. If your employee experiences symptoms you should:

version.

- Ensure that the employee has not reported to work or, if the reporter has reported to work you should send employee home immediately.
- Notify CSU EHS Public Health Office.
- Increase cleaning in your facility and ensure that all other employees are following public health guidance.
- The employee who reported symptoms should remain home or away from work until they are fever-free without medication for 72 hours and 10 days have passed since their first symptom, unless they have a clear alternative diagnosis from a medical provider. This will also be communicated to the employee by Public Health.

If multiple employees have symptoms, contact CSU EHS Public Health Office immediately at 970-491-6121 or 970-491-1816.

CHECK SYMPTOMS DAILY, BEFORE STARTING SHIFT

You do not have to select symptoms related to pre-existing conditions, other known conditions diagnosed by a doctor, such as an infection, or seasonal allergies.

Circle an answer (y=yes, n=no) for each symptom or question.

Date	Fever 100.4°F or above	Cough	Shortness of breath or difficulty breathing	Chills	Muscle Aches	Sore Throat	New loss of taste of taste or smell	COVID Contact* In the past two weeks, were you living with or have you had close contact with someone who has TESTED positive for COVID-19?
	Y N	ΥN	ΥN	Y N	Y N	Y N	YN	ΥN
	Y N	ΥN	ΥN	Y N	Y N	Y N	Y N	Y N
	Y N	ΥN	ΥN	Y N	Y N	YN	Y N	Y N
	Y N	ΥN	ΥN	Y N	Y N	Y N	Y N	Y N
	Y N	ΥN	ΥN	Y N	Y N	Y N	Y N	Y N