



# Employee Daily Self-Assessment Check List



**Prior to the start of each workday or shift, the employee shall conduct a Self-Assessment to ensure they safely come to work:**

**1. If you feel ill and have any of the following symptoms:**

- ⇒ Signs of a fever or a measured temperature of 100.0° F or higher
- ⇒ Have a cough
- ⇒ Experience trouble breathing within the last 24 hr
- ⇒ Loss of taste or smell
- ⇒ Headache
- ⇒ Chest tightness
- ⇒ Chills
- ⇒ Body aches
- ⇒ Sore throat
- ⇒ Muscle pain

**IF YES to any of the above**

- 1) DO NOT come into work
- 2) Contact Supervisor
- 3) Contact your Primary Care Physician for further guidance.

**IF NO**

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**2. Have had *close contact* with an individual diagnosed with COVID-19:**

**IF YES**

- 1) DO NOT come into work
- 2) Follow MADPH Guidance for Quarantine
- 3) Contact Supervisor
- 4) Contact your Primary Care Physician for further guidance.

**IF NO**

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**3. Asked to self-isolate or quarantine by their doctor or a local public health official:**

**IF YES**

- 1) DO NOT come into work
- 2) Contact Supervisor
- 3) Contact your Primary Care Physician for further guidance.

**IF NO**

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**4. While in the workplace you become ill or experience any of the below symptoms, inform your supervisor immediately and return home:**

- ⇒ Signs of a fever or a measured temperature of more than 100.0° F
- ⇒ Have a cough
- ⇒ Experience trouble breathing within the last 24 hours
- ⇒ Loss of taste or smell
- ⇒ Headache
- ⇒ Chest tightness
- ⇒ Chills
- ⇒ Body aches
- ⇒ Sore throat
- ⇒ Muscle pain
- ⇒ Supervisors shall contact the Town’s Health Division and inform them.