Review this COVID-19 Daily Self Checklist each day before reporting to work.

If you reply YES to any of the questions below, STAY HOME and follow the steps below:

□ No

' Step 1: Call your st ' Step 2: Call or Emai	ipervisor and I Katie Temple at 774	-455-7571or ktemp	ole@umassp.edu
f you start feeling sick dur Do you have a fever (temple fever reducing medication of the second se	perature over 100.4	•	
Loss of Smell or Taste?	Muscle Aches?	Sore Throat?	Cough?
□ Yes	□ Yes	□ Yes	□ Yes
□ No	□ No	□ No	□ No
Shortness of Breath?	Chills?	Headache?	
□ Yes	□ Yes	□ Yes	
□ No	□ No	□ No	
Have you experienced an vomiting, diarrhea, loss o Ves No Have you, or anyone you	of appetite?		
with COVID-19, or been p			_
COVID-19?			
□ Yes			
□ No			
Have you been asked to s	elf-isolate or quara	ntine by a medica	l professional
or a local public health o	fficial?		
□ Voc			