**Symptom Monitoring Requirement**

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**. Call your supervisor and report your absences per normal departmental process, please share if the absence is related to COVID-19. Please contact your primary care physician if you're experiencing symptoms.

Employees should complete the [Faculty and Staff Self-Isolation/ Travel Form](mailto:hrcovid@fitchburgstate.edu) if required to isolate or quarantine. A Human Resource representative will contact the employee. If you should have questions for the HR team please call us 978-665-3338 or 978-665-3850 or email hrcovid@fitchburgstate.edu to discuss next steps.

If you start feeling sick during your shift, please contact your supervisor immediately and notify them you are experiencing symptoms and go home and contact your primary care physician. Please make sure to bring items home that you may need prior to leaving the campus. You may be required to isolate and or quarantine.

Do you have a fever (temperature over 100.4F) without having taken any fever reducing medications?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough?</td>
<td></td>
<td></td>
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<tr>
<td>Shortness of breath or difficulty breathing?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Fever of over 100.4 degrees Fahrenheit?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chills?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Repeated shaking with chills?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Runny nose or new sinus congestion?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Muscle pain?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Headache?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sore throat?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Fatigue?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>New GI symptoms?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>New loss of taste or smell?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Have you experienced any gastrointestinal symptoms such as nausea/ vomiting, diarrhea, loss of appetite?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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Have you, or anyone you have been in close contact with, been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?

<table>
<thead>
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<th>Yes</th>
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Have you been asked to self-isolate or quarantine by a medical professional or a local public health official? Please complete the form if yes; [Faculty and Staff Self-Isolation](mailto:hrcovid@fitchburgstate.edu)

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<th>Yes</th>
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If employees wish to utilize a Monitoring Symptoms app, please see below.

* [COVID Symptom Tracker](https://www.harvardhealth.com) (Harvard T.H. Chan School of Public Health, Massachusetts General Hospital, King’s College London, and Stanford University School of Medicine)
* [COVID-19 Self Checker](https://covid19.jhu.edu) (Johns Hopkins)
* [COVID-19 Self-Assessment](https://www.google.com) (Google/CDC)