



COVID-19 Daily Self- Monitoring Checklist

- Do you have a **Fever** (temperature of 100.4 F or higher) without having taken any fever reducing medications?
- Do you have **Chills**?
- Do you have a **Cough**?
- Do you have **Shortness of Breath or Difficulty Breathing**?
- Do you have **Congestion or a Runny Nose**?
- Do you feel **Fatigued**?
- Do you have **Muscle Aches**?
- Do you have a **Sore Throat**?
- Do you have a **Headache**?
- Do you have a **New Loss of Smell or Taste**?
- Have you experienced any gastrointestinal symptoms such as **nausea/vomiting, diarrhea, loss of appetite**?
- 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?
- Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?

If you reply YES to any of the questions in the checklist, STAY HOME and call your healthcare provider for guidance on testing/medical care.