

<p><i>This document is to be utilized for self-monitoring/reporting of any symptoms related to COVID-19. Please take your temperature to assure that you are not having fevers over 100 degrees. Symptoms that you need to watch for are: sore throat, cough, shortness of breath, nausea, diarrhea, loss of tast/smell. You should also make your supervisor aware if you travel outside the US or if you have come in contact with anyone that is positive for COVID-19, or having symptoms listed above. Please put your name in the first column. Please enter the date in the second column. There are 3 questions, please answer yes or no to each. If you answer yes to any of the questions, you need to make your supervisor aware and additional screening may be warranted.</i></p>					
NAME:	Date:	Cough, shortness of breath, loss of taste/smell, nausea or diarrhea	Contact with someone known or suspected positive for COVID-19	Travel outside the US or to an area of high risk.	Temperature over 100 degrees