

# Daily Home Screening

**Please complete this short checklist each morning before you leave for work.**

If you meet any of the following criteria, you may have a possible illness that decreases your ability to work and also puts you at risk for spreading illness to others.

Please check yourself for these criteria:

## SECTION 1A: Symptoms (Considered symptomatic if you have at least one (1))

<input type="checkbox"/>	Lack of smell or taste without congestion
<input type="checkbox"/>	New onset cough (for staff with chronic allergic/asthmatic cough, a change in cough from baseline)
<input type="checkbox"/>	Shortness of breath or difficulty breathing.=

## SECTION 1B: Symptoms (Considered symptomatic if you have at least two (2))

<input type="checkbox"/>	Elevated Temperature/Fever (Oral >100.4 °F, Axillary/Temporal >99.5°F)
<input type="checkbox"/>	Sore throat
<input type="checkbox"/>	*Nausea, diarrhea, vomiting, and/or abdominal pain*
<input type="checkbox"/>	New onset of severe headache, especially with a fever
<input type="checkbox"/>	*Chills, muscle pain, and/or fatigue*
<input type="checkbox"/>	Congestion or runny nose

*\*if more than one applies count as multiple symptoms*

## SECTION 2: Close Contact/Potential Exposure (Should stay home if at least one (1) checked)

<input type="checkbox"/>	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
<input type="checkbox"/>	Traveled to or lived in an <a href="#">area identified</a> by the Pennsylvania Department of Health as recommended quarantine upon return to Pennsylvania
<input type="checkbox"/>	Had a recent COVID-19 test and are awaiting results

**If you are considered symptomatic or have had a close contact/potential exposure, please stay home and contact a healthcare provider.**