This checklist provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.



| SCREENING QUESTIONS AND HOW TO | O RESPOND | | |
|--|---|---|--|
| 1. Are you currently experiencing ONE of | r more of the following sym | ptoms unrelated to a known pre-existing | condition (e.g. asthma, allergies)? |
| ○ New cough ○ Short | tness of breath | O Difficulty breathing | New loss of taste or smell |
| O No I am not experiencing one or mo | re of the above symptoms | | |
| If you are experiencing one or more o | f the above symptoms, s | tay home, consult your medical provid | der, and get tested for COVID-19 |
| 2. Are you currently experiencing any T | WO of the following symp | toms unrelated to a known pre-existing | condition (e.g. asthma, allergies)? |
| Fever (100.4 degrees or greater) | ○ Chills (rigors) | O Diarrhea (2x in 24 hours) | Congestion or runny nose |
| O Nausea or vomiting (2x in 24 hours) | Headache | Muscle aches (myalgias) | ○ Sore throat |
| ○ Fatigue | ○ No I am not experiencing two or more of the above symptoms. | | |
| If you are experiencing two or more o | f the above symptoms, st | ay home, consult your medical provid | der, and get tested for COVID-19. |
| If experiencing only one of these sylbeing fever free for 24 hours without | | • | • |
| 3. Have you had close contact (within COVID-19 diagnostic test in the past | • | eater) with anyone (including househo | ld members) who had a positive |
| If yes to question 3, the CDC requi | res a 10 day quarantine | from last date of exposure. | |
| If you answer NO to all the above of | questions, you have pas | sed the screening and can begin wo | rking and/or attend school. |
| | r Disease Control and P | revention (CDC) recommends to stay) infection, and consider getting testo | - |
| | 3 | , | |

For more information, visit oakgov.com/covid. Questions? Contact Nurse On Call at 1.800.848.5533

