

BOSTON COLLEGE

COVID - 19 DAILY SELF CHECKLIST

Review this COVID-19 Daily Self Checklist **each day before reporting to work.**

If you have experienced any of the following in the past 24 hours, **STAY HOME** and call your supervisor or your department chair/dean to let them know. You should call your primary care physician for further direction

If you test positive for COVID-19 you should call your supervisor who will notify Human Resources (617-552-3330).



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

Yes No

New Loss of Taste or Smell?

Yes

No

Muscle Aches?

Yes

No

Sore Throat?

Yes

No

Cough?

Yes

No

Shortness of Breath?

Yes

No

Repeated Shaking/Chills?

Yes

No

Headache?

Yes

No

Fatigue?

Yes

No

Have you had any of these symptoms in the past 24 hours not related to allergies?

Runny Nose?

Yes

No

Congestion?

Yes

No

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

Yes No

Have you, or anyone you have been in close contact with (within 6 feet for 15 or more minutes), been diagnosed with COVID-19?

Yes No

Have you been asked to self-isolate or quarantine by a medical professional or by a local public health official?

Yes No