

# 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