

Voluntary Self-Screening Tool

This tool was created to support a healthy workforce, by encouraging employees to conduct a voluntary self-screen daily. Employees should review the screening questions and notify their supervisor before reporting to work if they answer 'yes' to any of the questions.

Daily Screening Questions	Response
 1. Are you experiencing any of the following symptoms? Cough Shortness of breath or difficulty breathing Fever (100.4 °F or greater) Chills Muscle pain Sore throat New loss of taste or smell 	
This is a list of common symptoms reported by the Center for Disease Control (CDC). This list does not include all possible symptoms.	
2. Are you caring for someone who is experiencing COVID-19 related symptoms?	
3. Have you been in close contact with someone who has been diagnosed with COVID-19 within the last two weeks?	

Next Steps

If you answered 'Yes', please notify your supervisor______, do not report to work and self-isolate. Employees experiencing symptoms should self-isolate until ALL three of the following are true:

- You have been fever free for at least 72 hours (three full days) without fever reducing medication.
- You have had an improvement in respiratory symptoms (e.g., cough, shortness of breath).
- It has been at least seven days since your symptoms first appeared,
 or you have been tested for COVID-19 and had two negative tests in a row, at least 24 hours apart.

This self-screening tool is not a substitute for professional medical advice, diagnosis, or treatment. Always consult a medical professional for serious symptoms or emergencies. If you are experiencing severe or lifethreatening symptoms, please call 911