



EMPLOYEE SYMPTOM SELF-CHECK

Prior to starting an onsite work shift, employees will perform a self-check based on the questionnaire below. Although not required, employees should consider keeping a daily copy of this checklist for their personal medical needs and when communicating with their respective supervisors and/or health care providers. **This form is not part of an employees official medical record or document, and as such does not need to be provided to a supervisor.**

NAME:

DATE:

Since your **last day of work**, have you had any of the following: **YES**

Fever (100.4°F or higher) or **feeling feverish** (possibly with chills)?

New **cough** that cannot be attributed to another health condition?

New **shortness of breath** or **difficulty breathing** that cannot be attributed to another health condition?

New sense of **unexplained fatigue** that cannot be attributed to another health condition?

New **sore throat** that cannot be attributed to another health condition?

New **muscle or body aches** that cannot be attributed to another health condition or specific activity (such as physical exercise)?

Headache that cannot be attributed to another health condition or cause?

New **loss of taste or smell**?

New **congestion** or **runny nose** that cannot be attributed to another health condition?

Diarrhea that cannot be attributed to another health condition?

New skin rashes that cannot be attributed to another health condition?

Have you been **asked to self-isolate or quarantine** by your health care provider or a local public health official?

For those who are not **“fully vaccinated”** or have not recovered from a lab confirmed COVID-19 infection in the past 90 days, have you had **“close contact”** with an individual diagnosed with COVID-19?

If you answered YES to any of the screening questions, stay at home. Do not report to work. Seek medical care if needed, and call your supervisor as soon as possible.

1. Fully Vaccinated means that you have finished a COVID-19 vaccination series (2 doses of Pfizer or Moderna, or 1 dose of Johnson & Johnson) at least 14 days prior.
2. Close contact means someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes) starting from 2 days before illness onset (or, for asymptomatic persons, 2 days prior to test specimen collection) until the time the person is isolated.



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For current COVID-19 information:

<https://phc.amedd.army.mil/covid19>
<https://www.coronavirus.gov/>

The Military Health System Nurse Advice Line is available 24/7:

Call 1-800-874-2273 option #1
or visit <https://www.health.mil/1-Am-A/Media/Media-Center/NAL-Day-at-a-glance>

Emergency Kit Checklist for Families:

<https://www.cdc.gov/childrenindisasters/checklists/kids-and-families.html>

For more information, contact your installation's Department of Public Health

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Public Health
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Army Public Health

The Army COVID-19 Information Hotline:

1-800-984-8523
Overseas DSN 312-421-370
Stateside DSN 421-3700