

COVID-19

DAILY SELF-HEALTH ASSESSMENT



Framingham
State University

COVID-19 Employee and Student Daily Self-Health Assessment

Please review this checklist every day before reporting to work or class. If you reply YES to any of the questions below, STAY HOME OR IN YOUR ROOM and follow the steps described in the FSU Repopulation Plan to address your symptoms.

Do you have a fever (temperature over 100.3°F) without having taken any fever reducing medications?

Yes No

New Loss of Smell or Taste?

Yes
 No

Muscle or Body Aches?

Yes
 No

Sore Throat?

Yes
 No

Cough?

Yes
 No

Shortness of Breath?

Yes
 No

Chills?

Yes
 No

Headache?

Yes
 No

Congestion or Runny Nose?

Yes
 No

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

Yes No

Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?

Yes No

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

Yes No