**MONITOR YOUR SYMPTOMS- Self-screen**

To assure the safety of our visitors, employees, their families and the public, the City of \_\_\_\_\_\_\_\_ has developed guidelines for self-screening each morning. Therefore, effective tomorrow morning, \_\_\_\_\_\_\_\_\_\_\_Day, Month\_\_\_\_\_\_\_\_\_\_, Date\_\_\_\_\_\_th, 2020, we will begin self-screening before we report to work.

If you are sick or suspect you are infected with COVID-19, the City of \_\_\_\_\_\_\_\_\_recommends for you to use this screening tool before you report to work.

\_\_\_\_\_\_\_\_\_(company name) employees are directed to self-screen using the chart below and if you meet any of the first bullet of question one, you are to call in sick, stay home and notify your immediate supervisor. Personnel that meet two or more of question 1’s symptoms and meet any of the other questions shall follow guidance above as well as self-isolate and contact their Healthcare provider for medical advice.

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| --- | --- | --- | --- |
| 1. | Do you have any of the below symptoms? |  |   |
| * Fever > 38°C-100.4° F or subjective fever (feels feverish)
 | **Yes** | **No** |
| * Dry Cough
 | **Yes** | **No** |
| * Shortness of breath/breathing difficulties
 | **Yes** | **No** |
| * Other symptoms such as muscle aches, fatigue, headache, sore throat, runny nose, diarrhea. Note symptoms in young children and young adults may be non-specific – e.g. lethargy, loss of appetite.
 | **Yes** | **No** |
| 1.
 | Have you travelled in the last 14 days to China, Iran, or Italy or any other infected county? | **Yes** | **No** |
| 1.
 | Have you travelled in the US in the last 14 days to other infected states? | **Yes** | **No** |
| 1.
 | Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever who has traveled within 14 days prior to their illness onset? (Contact may be in other states/regions or during travel) | **Yes** | **No** |
| 1.
 | Have you been in contact in the last 14 days with someone that is confirmed to be a case of COVID-19? | **Yes** | **No** |
| 1.
 | Have you had exposure while working directly with Person under investigation (PUI) known to contain COVID-19? | **Yes** | **No** |

Please use the CDC recommendations to stop the spread of illness:

 CDC guidelines <https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html/>

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_