

COVID-19 Daily Employee Symptom Checklist

Supervisor Weekly Review Signature: _____ Date: ____/____/____

Employee Name: _____ Employee Title: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Date: (__/__/__)	(__/__/__)	(__/__/__)	(__/__/__)	(__/__/__)	(__/__/__)	(__/__/__)	(__/__/__)
Fever-reducing medications taken today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Temperature (@ start of shift)	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Chills?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore throat?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Weakness/Fatigue?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle ache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nausea/Vomiting/Diarrhea?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Lack of Appetite?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Loss of Taste or Smell?	Y N	Y N	Y N	Y N	Y N	Y N	Y N

DAILY TASKS: 1) Complete the Symptom Checklist honestly; 2) Wear face coverings in customer-facing areas

IF YOU HAVE SYMPTOMS OF COVID-19: 1) Notify your supervisor; 2) Self-isolate; 3) If needed, seek medical advice

SYMPTOMS OF COVID-19: New onset of cough or shortness of breath by themselves **OR** at least 2 of the following: fever (100.4°F or higher), chills, muscle pain, headache, sore throat, loss of sense of smell or taste, and gastrointestinal symptoms of diarrhea, nausea, or vomiting

Call COVID-19 Hotline to answer your questions regarding the coronavirus and to register you for one of our free COVID-19 Community Testing Events. (804) 205-3501 (Monday-Friday from 8:00 AM to 5:00 PM, except major holidays). For more information visit www.rchd.com.

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