

COVID-19 DAILY SELF-CHECKLIST (STAFF/FACULTY)

Review the following self checklist each day before leaving for class. If you reply YES to any of the questions below, you are advised to stay home and follow the steps below:

STEP ONE: Notify your supervisor.

STEP TWO: Notify human resources by emailing hr@uarts.edu.

- **Do you have a Fever (over 100.30F) without having taken any fever reducing medications?**
Yes ☐
No ☐
- **Do you have a Cough?**
Yes ☐
No ☐
- **Do you have Muscle Aches?**
Yes ☐
No ☐
- **Do you have a sudden change in taste or smell?**
Yes ☐
No ☐
- **Do you have a Sore Throat?**
Yes ☐
No ☐
- **Do you have Shortness of Breath?**
Yes ☐
No ☐
- **Do you have Chills?**
Yes ☐
No ☐
- **Have you 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 a local public health official?**
Yes ☐
No ☐

