## **Appendix 3: Daily Self-Health Checklist**

Daily monitoring of one's health and well-being prior to coming to campus can aid in early detection of infectious disease and is an effective measure to prevent community spread of COVID-19. All students and employees must review the COVID-19 Daily Self-Health Checklist before coming to campus. If you know of a visitor coming to campus, ask them to also review the COVID-19 Daily Self-Health Checklist.

**if you answer YES to any of the questions**, you **MUST STAY HOME**, notify your instructors or supervisor and contact your medical provider for further health-related instructions. In addition, if you start feeling sick while on campus, you should notify your instructor or supervisor and **GO HOME**. It is important to note this is not a change in procedure. The College continues to emphasize that all students and employees who are feeling ill, whether it is related to COVID-19 or not, should stay home for their well-being and the well-being of the College community.

We are grateful to our students, faculty, and staff for all that you're doing to keep CCC and our community strong during this unprecedented time.

## COVID-19 DAILY SELF-HEALTH CHECKLIST

Please review this COVID-19 Daily Self-Health Checklist each day before reporting to work or class.

If you reply **YES** to any of the questions below, **STAY HOME** and follow the steps below:

- Step 1: Notify your instructors or supervisor and
- Step 2: Contact your health provider for further health-related instructions

If you start feeling sick during your shift or while on campus, follow steps 1 and 2 above.

## Do you have any of the following?

□Yes □No Fevers or chills

□Yes □No Cough

□**Yes** □**No** Shortness of breath of difficulty breathing

□Yes □No Fatigue

□Yes □No Muscle or body aches

□Yes □No Headache

□Yes □No New loss of taste or smell

□**Yes** □**No** Sore throat

□**Yes** □**No** Congestion or runny nose

□Yes □No Nausea or vomiting

□Yes □No Diarrhea

 $\Box$ **Yes**  $\Box$ **No** Have a fever (temperature over 100.3°F) without having taken any fever reducing medications

 $\Box$ **Yes**  $\Box$ **No** In the last two weeks have you been in close contact with someone who has been diagnosed with COVID-19?

You have been in close contact if you have:

a. been within 6 feet of someone who has COVID-19 for a combined total of 15 minutes or more over a 24-hour period or

b. provided care at home to someone who is sick with COVID-19 or

c. had direct physical contact (hugged or kissed) with someone who has COVID-19 or

d. shared eating or drinking utensils with someone who has COVID-19 or

e. been sneezed on or coughed on by someone who has COVID-19

□Yes □No In the last 10 days, have you tested positive for COVID-19?

**Quarantine and/or isolation:** If you responded "yes" to any of the questions above, please refer to the guidelines for quarantining or isolating on the college Return to Campus webpage at <u>www.clackamas.edu/return-to-campus</u>.