



## COVID-19 Guidance

### Employee Daily Health Self-Assessment

To help prevent the spread of COVID-19 and reduce the risk of exposure to our employees and citizens, employees must perform a daily self-assessment of their health status consisting of: REVIEWING A SET OF COVID- 19 RELATED HEALTH QUESTIONS and TAKING THEIR OWN TEMPERATURE before reporting to work.

As a condition of employment, all employees must agree to perform this self-assessment each workday and to not come to work if they are sick or answer yes to any question on this form. Employees should seek guidance from their health provider and the Employee Medical Center should they answer YES to any question below or have a temperature of 100.4 degrees F or higher. By reporting to their work location, badging in, logging into computer, using county equipment or vehicle or performing work employees are attesting that they have answered NO to the questions listed below.

**Falsifying answers or failing to perform this self-assessment daily prior to coming to work may result in disciplinary action, up to and including termination of employment.**

#### QUESTIONS THAT EMPLOYEES MUST REVIEW EACH DAY BEFORE COMING TO WORK

Self-Assessment Questions – Please answer these questions honestly	Yes	No
1. Have you received a confirmed diagnosis for COVID-19 by a COVID-19 test or from a diagnosis by a health care professional in the past 10-14 days?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had close contact with or cared for anyone diagnosed with, suspected to have, or experienced symptoms consistent with COVID-19 (fever, cough, shortness of breath etc.) within the past 10-14 days? (close contact is being within 6 feet for 15 minutes or more, or sharing a living space) <i>***Healthcare workers using appropriate personal protective equipment (PPE) would not be considered as exposed to COVID-19.</i> <i>*** Exposed employees who have been fully vaccinated as defined by CDC are not required to quarantine if they do not have a fever or 2 or more of the symptoms in Question 3 below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you, or anyone in your household have <u>2</u> or more of any of the following symptoms? <ul style="list-style-type: none"> <li>• Headache</li> <li>• Body aches</li> <li>• Repeated shaking or chills</li> <li>• New, persistent cough for unknown reasons</li> <li>• Shortness of breath for unknown reasons</li> <li>• Congestion or Runny nose</li> <li>• Change in taste or smell</li> <li>• Diarrhea - 3 or more episodes within 24 hours</li> <li>• Nausea or Vomiting</li> <li>• Sore Throat</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
4. Take Your Temperature. Is the temperature 100.4 degrees Fahrenheit (38 degrees Celsius) or above?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered:**

**NO to ALL questions, then you can proceed to work today!**

**YES to any question, then you must remain home and not come to work and notify your supervisor. It is recommended that you isolate yourself from others, monitor your symptoms and contact your health provider for guidance. You must provide return to work clearance from a health provider before returning to work. However, if you answered YES to question number 2 but have no illness symptoms, you may return to work on day 11 after the date of initial exposure without the need for testing or clearance to return to work from a health care provider. If you receive a positive COVID-19 test, you must also be cleared by the Employee Medical Center to return to work.**