

# AOC Self-health Checklist



Regarding your personal health, please answer the following questions to the best of your ability each day **before** arriving to work:

Are you currently experiencing any of the following symptoms:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Congestion or a runny nose                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Frequent cough   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fever (a temperature equal to or greater than 100.4°F) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills with shaking or teeth chattering                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fatigue  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Muscle or body aches                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea or vomiting                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diarrhea   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath at rest                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loss of ability to taste or smell                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Have you been told to isolate by a healthcare provider?  Yes  No

Have you tested positive for COVID-19 within the last 5 days?  Yes  No

For employees who have been exposed to anyone who has tested positive for COVID-19 within the last 10 days, you must get tested (rapid or PCR COVID test) on Day 6 after exposure. Was this test positive?  Yes  No

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Before arriving to work each day, notify your supervisor via text or email of your response by indicating “I have answered no to all questions” or “I answered yes to at least one question.”

**If you answered yes to any of the above questions, DO NOT report to work. If you are experiencing symptoms, stay home and take an at-home COVID test. Then consult your healthcare provider for further guidance or remain home for 48 hours and retest. If the second test 48 hours later is negative, you may report to work.**