



COVID-19 Employee Checklist

Name: _____

Date: _____

This checklist is to be completed daily prior to entering a NMCAA facility and emailed to brees@nmcaa.net

In the past 24 hours, have you experienced:

- Subjective fever (felt feverish): Yes No
- New or worsening cough: Yes No
- Shortness of breath: Yes No
- Sore throat: Yes No
- Vomiting/Diarrhea: Yes No
- Current temperature: _____

If you answer "yes" to any of the symptoms listed above, or your temperature is 100.4°For higher, ***please do not go into work***. Self- isolate at home and contact your primary care physician's office for direction.

- You should isolate at home for minimum of 7 days from the time the symptoms first appear.
- You must also have 3 days without a fever and improvement in respiratory symptoms

Have you had close contact in the last 14 days with an individual diagnosed with COVID-19?

Have you engaged in any activity or travel within the last 14 days which fails to comply with the *Stay Home, Stay Safe* Executive Order?

Have you been directed or told by the local health department or your healthcare provider to self-isolate or self- quarantine?

If you answer "yes" to any of these questions, ***please do not go into work***. Self-quarantine at home for 14 days.