HOLLINS UNIVERSITY
EMPLOYEE DAILY SELF-HEALTH MONITORING CHECKLIST

SYMPTOMS – Answer each question each day before work Since my last day of work, have I had any of the following?	**YES**	**NO**
Have you felt sick or feverish in the past 24 hours? Feverish means you have a measured temperature of 100.4ºF or greater, feel warm to the touch, or give a history of feeling feverish.		
Have you had any of these symptoms in the past 24 hours? • New cough* • New shortness of breath or difficulty breathing* • New chills* • New sore throat* • New muscle/body aches* • New loss of taste or smell • New gastrointestinal symptoms • New headache* • Fatigue *That cannot be attributed to another health condition		
Have you had any of these symptoms in the past 24 hours not related to allergies? • Runny nose • Stuffy nose • Sneezing		
If you have had a runny nose, stuffy nose, and/or sneezing in the past 24 hours, is it getting worse?		
EXPOSURES and DIAGNOSIS – check yes or no		
Have you been in close contact with someone with a confirmed or suspected case of COVID-19 in the past 14 days?		
Have you been diagnosed with COVID-19?		

What to do next	**Answered NO to all**	**Answered YES to anything**
	Report to work.	Stay home, work remotely if you can, contact your supervisor, and contact your healthcare provider if needed.

As part of our commitment to a Culture of Care for everyone in the campus community, all employees must review the checklist daily before coming to campus to work, and follow the instructions at the bottom of the checklist if they answer "yes" to anything.