



# EMPLOYEE SYMPTOM SELF-CHECK

Prior to starting an onsite work shift, employees will perform a self-check based on the questionnaire below. Although not required, employees should consider keeping a daily copy of this checklist for their personal medical needs and when communicating with their respective supervisors and/or health care providers. **This form is not part of an employees official medical record or document, and as such does not need to be provided to a supervisor.**

NAME:

DATE:

Since your **last day of work**, have you had any of the following: **YES**

**Fever** (100.4°F or higher) or **feeling feverish** (possibly with chills)?

New **cough** that cannot be attributed to another health condition?

New **shortness of breath** or **difficulty breathing** that cannot be attributed to another health condition?

New sense of **unexplained fatigue** that cannot be attributed to another health condition?

New **sore throat** that cannot be attributed to another health condition?

New **muscle or body aches** that cannot be attributed to another health condition or specific activity (such as physical exercise)?

**Headache** that cannot be attributed to another health condition or cause?

New **loss of taste or smell**?

New **congestion** or **runny nose** that cannot be attributed to another health condition?

**Diarrhea** that cannot be attributed to another health condition?

**New skin rashes** that cannot be attributed to another health condition?

Have you been **asked to self-isolate or quarantine** by your health care provider or a local public health official?

For those who are not **“fully vaccinated”** or have not recovered from a lab confirmed COVID-19 infection in the past 90 days, have you had **“close contact”** with an individual diagnosed with COVID-19?

**If you answered YES to any of the screening questions, stay at home. Do not report to work. Seek medical care if needed, and call your supervisor as soon as possible.**

1. Fully Vaccinated means that you have finished a COVID-19 vaccination series (2 doses of Pfizer or Moderna, or 1 dose of Johnson & Johnson) at least 14 days prior.
2. Close contact means someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes) starting from 2 days before illness onset (or, for asymptomatic persons, 2 days prior to test specimen collection) until the time the person is isolated.



For current COVID-19 information:  
<https://phc.amedd.army.mil/covid19> • <https://www.coronavirus.gov/>

The Military Health System Nurse Advice Line is available 24/7:  
Call 1-800-874-2273 option #1  
or visit <https://www.health.mil/I-Am-A/Media/Media-Center/NAL-Day-at-a-glance>

For more information, contact your installation's Department of Public Health.



**Army Public Health**

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