

ARCHDIOCESE OF INDIANAPOLIS COVID-19 SELF-MONITORING CHECKLIST

Name: _____ Date: _____

Please check: Employee Volunteer Visitor Contractor Other: _____

To safeguard the health of co-workers and people whom we serve, employees must complete the checklist below before reporting to work each day and turn it immediately upon entering the building. However, please remember, if you develop any of the symptoms below, **STAY HOME**. Please do **NOT** enter the building for your safety and the safety of others. The information on these forms will be kept confidential and will be maintained in a separate file at each location.

SYMPTOMS OF INFECTION

Have you had contact with anyone who has been diagnosed with or who may have symptoms associated with COVID-19?

Do you have any of the following symptoms?

- NEW or CHANGING cough
- Shortness of breath

Or at least two of these symptoms:

- Fever (over 99.5 degrees)
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

PLEASE CHECK: YES _____ NO _____

If you answered Yes, then it is not safe to enter the building. Please do not come to work, and please contact your supervisor immediately. Also, please contact your health care provider immediately to determine if the symptoms may be indicators of COVID-19 or if they may be due to another cause.

Revised August 10, 2020