

Appendix 3: Daily Self-Health Checklist

Daily monitoring of one's health and well-being prior to coming to campus can aid in early detection of infectious disease and is an effective measure to prevent community spread of COVID-19. In our ongoing effort to protect the CCC community, we have established a new practice: All students and employees must review a COVID-19 Daily Self-Health Checklist before coming to campus. If you know of a visitor coming to campus, please ask them to also review the COVID-19 Daily Self-Health Checklist.

The checklist has eleven questions, and **if you answer YES to any of the questions**, you **MUST STAY HOME**, notify your instructors or supervisor and contact your medical provider for further health-related instructions. In addition, if you start feeling sick while on campus, you should notify your instructor or supervisor and **GO HOME**. It is important to note that this is not a change in procedure. The College continues to emphasize that all students and employees who are feeling ill, whether it is related to COVID-19 or not, should stay home for their well-being and the well-being of the College community.

We are grateful to our students, faculty and staff for all that you're doing to keep CCC and our community strong during this unprecedented time.

COVID-19 DAILY SELF-HEALTH CHECKLIST

Please review this COVID-19 Daily Self-Health Checklist each day before reporting to work. If you reply **YES** to any of the questions below, **STAY HOME** and follow the steps below:

- **Step 1:** Notify your instructors or supervisor and
- **Step 2:** Contact your health provider for further health-related instructions

If you start feeling sick during your shift, follow steps 1 and 2 above.

Do you have a fever (temperature over 100.3°F) without having taken any fever reducing medications?

Do you have any of the following?

Loss of smell/taste	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle aches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chills	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you experienced any gastrointestinal symptoms such as nausea/vomiting, diarrhea, loss of appetite? Yes No

Have you, or anyone you have been in close contact with, been diagnosed with COVID-19 or been placed on quarantine for possible contact with COVID-19? Yes No

Have you been asked to self-isolate or quarantine by a medical professional or a local public health official? Yes No