

Daily Self Assessment

Goshen Community Schools





Self-Assessment

DO AT HOME EACH DAY

This daily self assessment is not a substitute for professional medical advice, treatment or diagnosis.

Do you have:

- Loss of smell or taste, or a change in taste
- Headache
- Fever (or fever-like symptoms: alternating chills and sweating)
- Cough


continued



Do you have:

- Trouble breathing or shortness of breath
- Chills or repeated shaking with chills
- Muscle aches
- Sore throat
- Diarrhea

continued



If the answer is yes to any of the symptoms listed:

STAY AT HOME.

Positive Covid-19

If you tested Positive for Covid-19, you can not return to work until:

1. You are symptom free for 72 hours without the use of fever reducing medications

AND

2. 10 days have passed since your symptoms first appeared



Exposure to Covid-19

1. Have you been within 6 feet for a prolonged period of time of someone that has been or is scheduled to be tested for COVID-19?
2. Have you been in direct contact with the secretions (i.e. fluids from a sneeze or cough) of someone that has been or is scheduled to be tested for COVID-19 in the past 14 days?

If your answer is yes to either question, please stay home.



Travel

Have you traveled to any country, state, or location where COVID-19 has sustained widespread community transmission in the past 14 days?

If the answer is yes or you do not know if Covid-19 was widespread, please contact Susan Stiffney or the HR Department

Agreement for Self Assessment

- Please sign and return the agreement provided by your supervisor.
- Please take a copy of the information to refer to each day.
- If you have any further questions or concerns, please contact Susan Stiffney or the HR Department.

