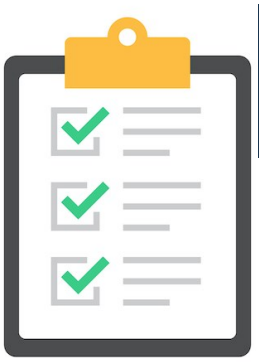
APPENDIX A
COVID-19 SELF-CHECKLIST



Use this tool to check in with your family members daily. If you, or any members of your family, are experiencing any of the symptoms listed, stay home and check in with your primary care physician.

Do you have:

A temperature greater than 100.0 without taking fever-reducing	☐ Yes	☐ No
New loss of taste or smell	☐ Yes	☐ No
Shortness of breath	☐ Yes	☐ No
Cough	☐ Yes	☐ No
Sore throat	☐ Yes	☐ No
Chills	☐ Yes	☐ No
Headache	☐ Yes	☐ No
Muscle Aches	☐ Yes	☐ No
Nausea, vomiting, diarrhea, loss of appetite	☐ Yes	☐ No
Have you tested positive for COVID-19 or been in close contact with any individuals who have tested positive for COVID-19?	☐ Yes	☐ No
Have you been asked to self-isolate or quarantine by your doctor or local public health officials?	☐ Yes	☐ No