

COVID-19 Daily Self-Checklist

Please use this COVID-19 Daily Self-Checklist each day before coming to campus. When you arrive on campus and check in with Campus Safety, you will be required to submit the completed form before gaining access to campus buildings.

You may print and complete the form at home or one will be provided for you by Campus Safety. The checklist is being used to promote the University's response to the COVID-19 pandemic and to promote employee and campus safety. This self-checklist will help us to keep you and our campus safe.

If you are not willing or able to certify that you meet these health conditions, you will not be allowed to enter any Simmons building.

1. I am currently free of any of the following symptoms that can indicate possible COVID-19 infection:
 - Fever ($\geq 37.8^{\circ}\text{C}/100^{\circ}\text{F}$)
 - Sore throat (different from pre-existing allergies)
 - Shortness of breath
 - Difficulty breathing
 - Unexplained muscle aches
 - New onset cough
 - Loss of sense of smell or taste
 - Nasal congestion or runny nose (different from pre-existing allergies)

Yes _____ **No** _____

2. I have not been diagnosed with COVID-19 in the past 14 days. **True** _____
3. I do not live with someone who has been diagnosed with COVID-19. **True** _____
4. In the past 14 days, I have not been identified as a contact requiring self-monitoring for symptoms by a hospital, public health or government agency as part of "contact tracing" related to someone diagnosed with COVID-19. **True** _____
5. Neither I nor anyone I have been in close contact with has been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19? **True** _____
6. I have not been asked to self-isolate or quarantine by a medical professional or a local public health official. **True** _____

I certify that the answers I have given on this self-checklist are true to the best of my knowledge.

Employee Signature and ID number

Date