

ARCHDIOCESE OF INDIANAPOLIS COVID-19 SELF-MONITORING CHECKLIST

Name: _____ Date: _____

Please circle: 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.

DO YOU HAVE ANY OF THESE SYMPTOMS OF INFECTION?

- A known exposure to COVID-19*
- NEW loss of taste or smell
- Fever over 100.4 degrees
- NEW or CHANGING cough
- Shortness of breath not typical for you
- Diarrhea more frequent than usual

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.

*A known exposure is defined as masked or un-masked, close contact (less than 6 feet) for greater than 15 minutes with an individual with a confirmed case of COVID-19 or a suspected case awaiting test results. An exposure can also be defined as someone in your household who has tested positive for COVID-19 in the last 14 days or is awaiting COVID-19 test results due to symptoms.

Revised October 6, 2020