

UMO COVID-19 RESPONSE
Daily Self-Assessment Worksheet

SYMPTOMS – answer yes or not to each every day	NO	YES
Have you felt sick or feverish in the past 24 hours?		
Have you had any of these symptoms in the past 24 hours? <ul style="list-style-type: none"> • Fever or chills • Cough • Sore throat • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of taste or smell • Nausea or vomiting • Diarrhea 		
Have you had any of these symptoms not related to seasonal allergies in the past 24 hour? <ul style="list-style-type: none"> • Congestion or stuffy nose • Runny nose • Sneezing 		
If you have had congestion or stuffy nose, runny nose and/or sneezing in the past 24 hours is it getting worse?		
EXPOSURES – check YES or NO		
Have you traveled outside the state in the past 14 days?		
Have you come in close contact with someone with a confirmed or suspected case of COVID-19 in the past 14 days?		
HISTORY of COVID-19 – check YES or NO		
Have you been diagnosed with COVID-19?		

What to do next?	Answered NO to all	Answered YES to anything
Action	Proceed with normal activity	Contact Student Health Services or your Primary Care Provider