

"I have read the Daily COVID-19 Symptom Self-Check Quick Guide. I agree to follow the current Kaiser Permanente facility face mask and physical distancing guidelines."

I attest that when I am rotating at Kaiser Permanente locations I will perform the "Daily COVID-19 Symptom Self Check" as below and if I answer yes to any of the questions I will not report to work.

Name: _____ Date: _____



Daily COVID-19 Symptom Self-Check Quick Guide

Please ask yourself the following questions.

Have you experienced any **new or unexpected** symptoms that are on this list in the past 48 hours?

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

Within the past 14 days, have you been in close contact (6 feet or closer for a total of 15 minutes in a 24-hour period) with a person who is known to have laboratory-confirmed COVID-19?

Note: This risk factor does not apply to employees or physicians who work in COVID-19 units or those who follow proper protective protocols as they care for patients and members with COVID-19 symptoms. CDC guidance may change. If you're concerned about close contact to COVID-19, contact Employee Health or the regional/local COVID-19 support line.

Have you received orders from a health care provider or federal, state, or local authorities to self-quarantine because of close contact with someone who has laboratory-confirmed COVID-19?

Are you currently waiting on the results of a COVID-19 diagnostic test due to symptoms, a confirmed close contact, or having been advised to be tested by a health care provider or public health official?

Based on how you answered these questions, see below.

Did you answer "no" to all questions?

If you agree to follow the current Kaiser Permanente facility **face mask and physical distancing guidelines**, then access to KP facilities or locations is **approved**. At your worksite, swipe your ID badge to attest you have completed this self-check.

Did you answer "yes" to any question?

You may not enter a KP facility or location for work. Inform your manager and self-isolate. Contact Employee Health or the regional/local COVID-19 support line immediately for assessment as to whether it's safe for you to work. Seek immediate medical attention if you're experiencing significant symptoms.