

COVID-19 Self-Monitoring Checklist

To prevent the spread of COVID-19, faculty, staff, and students who are working on campus during this time must self-monitor for the development of COVID-19 symptoms. The **COVID-19 Self-Monitoring Checklist is mandatory and must be completed daily** by all workers

- Self-monitoring means paying attention to your health to identify signs of sickness.
- Everyone should be self-monitoring. It is important to know the symptoms of COVID-19 and to act appropriately if exhibiting symptoms.
- If workers are returning from inter provincial travel, they must self-monitor and self-isolate at the first sign of symptoms no matter how mild. Please call the Government of Saskatchewan's Healthline 8-1-1 and follow medical advice.

If a worker has come in contact with someone who tested positive for COVID-19 they are to follow all advice from the Saskatchewan Health Authority and notify their supervisor of any anticipated absence.

This form serves as a daily personal health checklist to monitor for the development of COVID-19 symptoms to prevent its spread. Workers must fill out this form daily, before leaving home, to monitor for symptoms of COVID-19. Once the form is full, print a new form and continue to monitor. Although not required to be submitted every time a form is completed/full, personnel should keep all completed checklists for the duration of the COVID-19 pandemic. Supervisors may request an answer as to the presence or absence of symptoms.

Please note: The form is not screening for seasonal or environmental allergies. It is meant to capture new symptoms, or a worsening of long-standing symptoms.

If you experience any of the following, please record on the following page:

- **New or worsening respiratory** symptoms i.e. cough, shortness of breath, or difficulty breathing, runny nose or sneezing, nasal congestion, sore throat, hoarse voice, or difficulty swallowing.
- Any **new onset of atypical** symptoms including but not limited to chills, muscle aches, diarrhea, malaise, fatigue, headache, or loss of sense of smell or taste.





Daily Self-Monitoring Form for COVID-19 Symptoms

Name: _____

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Date														
Symptoms	Pay close attention to your health. Each day, check for symptoms below (before leaving home) and answer yes or no for each.													
No Symptoms														
Fever ≥ 38.7 C														
Cough														
Shortness of breath/difficulty breathing														
Sore throat														
Runny nose														
Chills														
Aches and pains														
Headache														
Loss of sense of smell or taste														
Other														



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