Review this COVID-19 Daily Self Checklist each day before reporting to work.

If you reply YES to any of the questions below, STAY HOME and:
  • Contact your supervisor and
  • Contact OneSource at (732) 745-7378
Contact a healthcare provider for guidance to determine if testing is warranted. Individuals can call:
  • Their primary care provider.
  • NJPIES for further evaluation 1-800-962-1253 (24/7 Medical COVID-19 Questions).
  • Student Health

If you start feeling sick during your shift, follow steps above.

COVID-19 Daily Self Checklist
Do you have a fever (temperature over 100.4°F) without having taken any fever reducing medications?
  □ Yes  □ No

  □ Yes  □ No  □ Yes  □ No  □ Yes  □ No  □ Yes  □ No

Shortness of Breath?  Chills?  Headaches?
  □ Yes  □ No  □ Yes  □ No  □ Yes  □ No

Have you experienced any gastrointestinal symptoms such as nausea or vomiting, diarrhea, loss of appetite?
  □ Yes  □ No

Have you, or anyone you have been in close contact with been diagnosed with COVID-19, or been placed on quarantine for possible contact with COVID-19?
  □ Yes  □ No

Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?
  □ Yes  □ No