

WDMCS WELLNESS

DAILY CHECKLIST



#1. WASH HANDS WITH HAND SANITIZER.



#2. TAKE YOUR TEMPERATURE. *(IF YOU DID NOT TAKE IT TODAY)*

IF 100.4 OR HIGHER, CALL SUPERVISOR AND GO HOME.



#3. ANSWER THREE HEALTH QUESTIONS.

IN THE LAST 14 DAYS, HAVE YOU OR A MEMBER OF YOUR HOUSEHOLD:

- 1** HAD SYMPTOMS OF COVID-19, WHICH ARE COUGH, SHORTNESS OF BREATH, RESPIRATORY DISTRESS, FEVER OF 100.4 OR GREATER, OR BEEN DIAGNOSED WITH COVID-19?
- 2** TRAVELED OUTSIDE THE UNITED STATES, INCLUDING TAKING A CRUISE OR TRAVELING INTERNATIONALLY TO ANY COUNTRY OUTSIDE OF THE UNITED STATES?
- 3** EXPERIENCED SYMPTOMS OF COUGH, SHORTNESS OF BREATH, RESPIRATORY DISTRESS, DIARRHEA, VOMITING, SORE THROAT, MUSCLE ACHES, FATIGUE, OR FEVER OF 100.4 DEGREES OR GREATER IN THE PAST 72 HOURS?



#4. IF “NO” SIGN YOUR NAME AND DATE IT IN THE NOTEBOOK.

IF YOU ANSWERED “YES” TO ANY QUESTION, CALL YOUR SUPERVISOR AND GO HOME.