

Phase 1 COVID-19 Recovery
Daily Health Assessment for Employees



University of Nevada, Reno

Supervisors are responsible for ensuring that the following daily health check is completed for each individual, each day that they work on campus. This form must be completed, signed, and maintained.

Have you completed the [WebCampus General COVID-19 Training Course?](#) Yes No

If the response to the question above is NO, then the individual cannot work on campus.

Date: _____

Work location: _____

The questions below are to be considered by the employee.

Are you currently experiencing any COVID-19 symptoms that cannot be attributed to another health condition? These symptoms include:

- Cough (excluding chronic cough due to known medical condition)
- Shortness of breath or difficulty breathing
- Two or more of the following symptoms:
 - Fever of 100.4 or greater
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell

Have you had contact with positive or suspect-positive COVID-19 individual(s) in past 14 days?

Have you been told to quarantine or self-isolate by a physician or government agent due to COVID-19?

Is the answer to any of the above questions "Yes?" Yes No

If the employee's response is "Yes," the employee shall not report to work or shall be sent home immediately and take appropriate leave.

Employee Name

Employee Signature

The above-named individual is approved to work on campus on the date indicated.

Name or Designee's Name

Supervisor or Designee's Signature