



# COVID-19 Self-Screening Flowchart

## Do you have COVID-19 symptoms? (regardless of vaccination or infection more than 90-days ago)

### One (1) or more:

- Fever**  
(temperature  $\geq 100.4^{\circ}\text{F}$  at rest)
- New/worsening respiratory symptoms**  
(cough, shortness of breath and/or difficulty breathing)
- New loss of smell or taste**

OR

### Two (2) or more:

- Chills
- Feeling cold/shivering
- Muscle pain or aches
- Headache
- Sore throat
- Fatigue
- Nasal congestion
- Nausea
- Vomiting<sup>1</sup>
- Diarrhea<sup>1</sup>

<sup>1</sup> If the only symptom is vomiting or diarrhea (no other symptoms) and no known contact with a COVID-19 case, stay home 48 hours after symptom stopped without medication.

## Have you been exposed to COVID-19?

### Have you been in Close Contact

(within 6 feet for  $\geq 15$  minutes, with or without mask or direct contact (kissing, sharing food, hugging) with anyone diagnosed with COVID-19 (positive lab test or clinical diagnosis) when they were contagious (48 hours before their symptoms began through their recovery)?

### Does anyone in your household have COVID-19?

If you are unable to isolate from anyone in your home who has been diagnosed with COVID-19, your exposure is ongoing. Quarantine while the person is contagious and for 10 days after their recovery.

