



## **Pandemic Daily Health Check for all Staff, Tenants and Visitors**

- 1. In the last 14 days have you traveled outside of the state of Maine (excluding VT, NH, NY, NJ or CT)?**
- 2. In the last 72 hours have you had a fever  $\geq 100.4$ ? (un-medicated)**
- 3. In the last 10 days have you had any of the following symptoms:**
  - Shortness of breath, new cough, runny or stuffy nose, muscle aches, that are unrelated to a chronic condition\* or exercise? \*(asthma, COPD, allergies, etc.)
  - Vomiting, diarrhea, sore throat, headache?
  - Muscle ache? (adults)
  - Chills, uncontrolled shaking?
  - Loss of senses of smell or taste?
- 4. Has there been possible “close contact” exposure to someone who has tested positive for COVID-19 or has symptoms of respiratory illness? Close contact includes the following:**
  - Living in the same household as a sick person (with COVID-19 or symptoms of cough, fever, or shortness of breath)
  - Personally caring for a sick person (with COVID-19 or symptoms of cough, fever, shortness of breath)
  - Being within 6 feet of a sick person (with COVID-19 or symptoms of cough, fever, shortness of breath) for about 15 minutes
  - Being in direct contact with secretions from a sick person (with COVID-19 or symptoms of cough, shortness of breath) (e.g. being coughed on, kissing, sharing utensils, etc.)

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