

# WHEN TO STAY HOME

QUICK REFERENCE FOR COVID-19 SYMPTOMS

# STAY HOME WHEN YOU HAVE...

## One High-Risk Symptom

New cough

Shortness of breath or difficulty breathing

New loss of taste or smell

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### Two or More Low-Risk Symptoms

Headache

Muscle & body aches

Fatique

Fever (100.4°F+) or Chills

Sore throat

**Runny nose/congestion** 

**Nausea or Vomiting** 

Diarrhea

1. Call your healthcare provider to arrange a medical evaluation.

2. Call the office to report your symptoms and/or exposure to COVID-19.

#### No Medical Evaluation

Medical Evaluation (MED, DO, PA or NP)

Positive C19 Test
OR
Waiting for test

result

Alternative diagnosis
OR

Negative COVID-19 test

#### **SELF-ISOLATE:**

Inform work of the diagnosis or symptoms including the onset of symptoms. Stay home for at least 10 days. In the home, anyone sick or infected should separate themselves from others, when possible, by staying is a designated "sick" room/area and using a separate bathroom (if available).

### RETURN TO WORK WHEN...

You are fever free for 24 hours (without the use of fever-reducing medicine) AND symptoms have improved. EMPLOYEE MUST COMPLETE A RTW FORM!

<sup>\*</sup>Documentation of medical evaluation or test result may be required prior to returning to work if less than 14 days with symptoms.

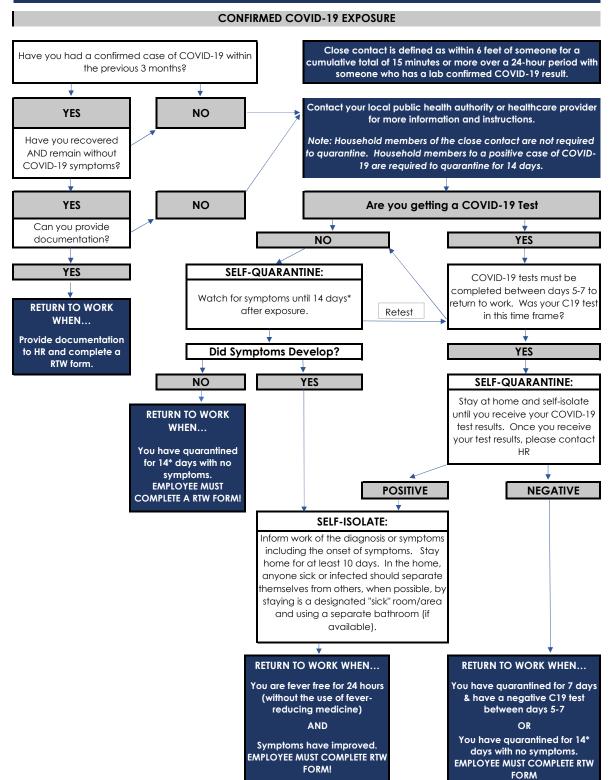


## WHEN TO STAY HOME

QUICK REFERENCE FOR COVID-19 EXPOSURE/SYMPTOMS

#### **NOT VACCINATED**

### STAY HOME WHEN YOU HAVE...





# WHEN TO STAY HOME

You are fever free for 24 hours (without the use of fever-reducina medicine)

AND

Symptoms have improved. EMPLOYEE MUST COMPLETE RTW FORM!

QUICK REFERENCE FOR COVID-19 EXPOSURE/SYMPTOMS

## **VACCINATED**

# STAY HOME WHEN YOU HAVE...

#### **CONFIRMED COVID-19 EXPOSURE** In general, people are considered fully vaccinated: ± 2 weeks after their second dose in a 2-dose series, such as the Have you been vaccinated for COVID-19? Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine YES NO You must follow the quarantine guidelines. Note: Household members of the close contact are not required Can you provide to quarantine. Household members to a positive case of COVIDdocumentation? 19 are required to quarantine for 14 days. YES NO **Did Symptoms Develop?** Are you willing to complete a daily attestation and wear a NO YES mask? YES **SELF-ISOLATE** SO HAPPY TO **HEAR!** Inform work of the diagnosis or **RETURN TO WORK** symptoms including the onset of WHEN... symptoms. Stay home for at least 10 days. In the home, Provide documentation anyone sick or infected should to HR and complete the separate themselves from others, **Essential Worker's Form** when possible, by staying is a each workday for 14 designated "sick" room/area and days. Employees must using a separate bathroom (if wear a mask. available). **RETURN TO WORK WHEN...**

\*Documentation of medical evaluation or test result may be required prior to returning to work if less than 14 days with symptoms.