

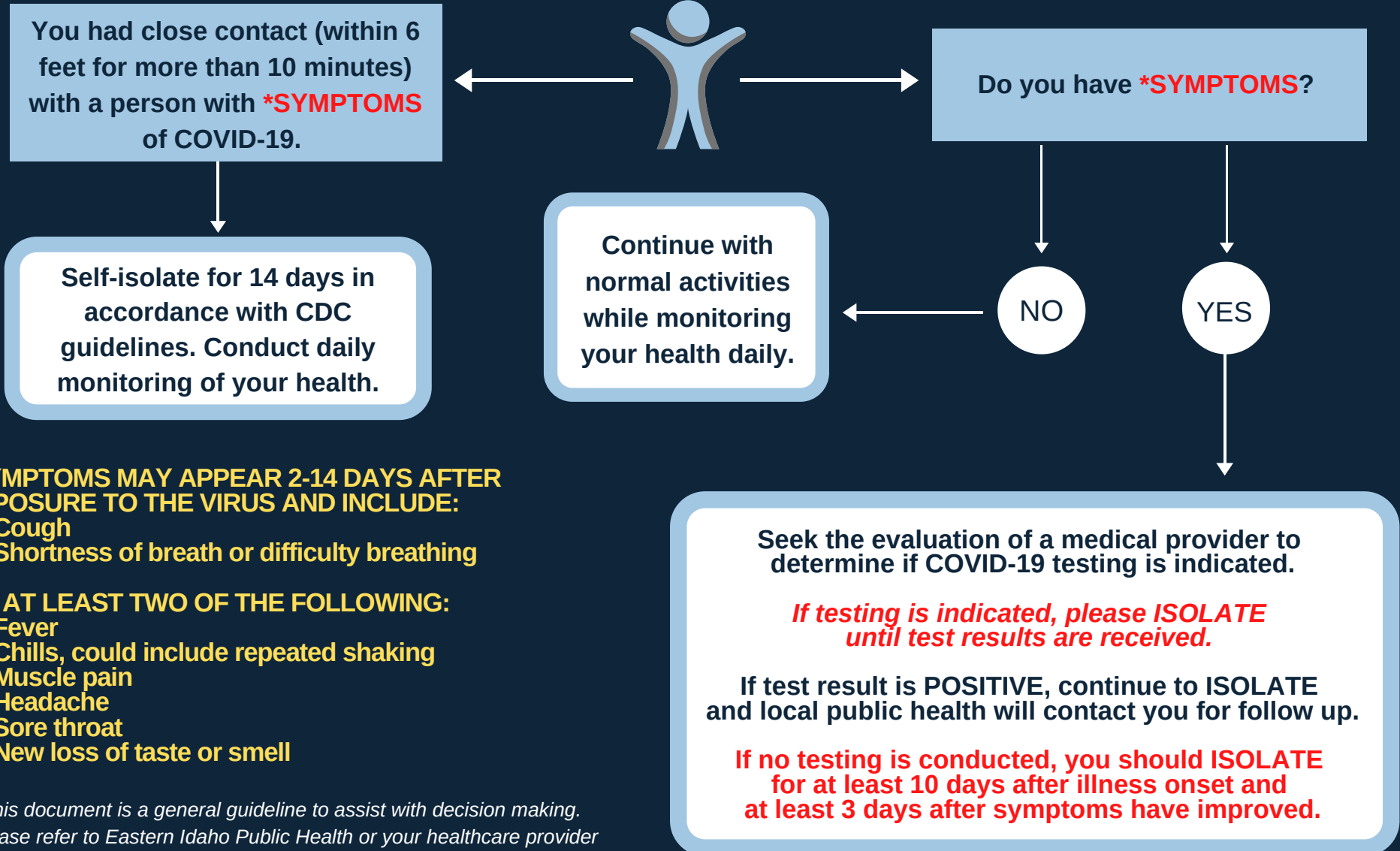
COVID-19 Decision Tree

(revised 5/12/2020 due to increased testing capacity and updated guidelines from CDC)



Eastern Idaho
Public Health
Prevent. Promote. Protect.
COVID-19 HOTLINE
(208) 522-0310 or toll free (855) 533-3160

EMPLOYEE / INDIVIDUAL



***SYMPTOMS MAY APPEAR 2-14 DAYS AFTER EXPOSURE TO THE VIRUS AND INCLUDE:**

- Cough
- Shortness of breath or difficulty breathing

OR AT LEAST TWO OF THE FOLLOWING:

- Fever
- Chills, could include repeated shaking
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

This document is a general guideline to assist with decision making. Please refer to Eastern Idaho Public Health or your healthcare provider for questions that are specific to your individual circumstance.

Health Monitoring for Respiratory Illness

It has always been important to keep an eye on your health. Use this as a guide to monitor yourself for symptoms if you believe you've been exposed to a respiratory illness. Take your temperature twice a day, in the morning and in the evening, and write it down. Mark if you have any of the listed symptoms: circle 'Y' for Yes and 'N' for No. Pay special attention if you have a fever (100.4° F or higher), cough, or shortness of breath. If you experience fever, cough, or shortness of breath please remain self-isolated until your fever is gone, other symptoms have improved for 3 days, and it's been at least 10 days since symptoms appeared. **If you feel your symptoms are serious, call your healthcare provider.**

Date														
AM or PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature	°	°	°	°	°	°	°	°	°	°	°	°	°	°
Felt feverish, chills or shaking	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing/ shortness of breath	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore Throat	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle Pain	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Loss of Smell/Taste	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other: _____	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Please record **additional symptoms**, and if you're taking any medication that contain aspirin, Tylenol® (acetaminophen), paracetamol, Aleve® (naproxen), Motrin® or Advil® (ibuprofen), or add any other notes about how you feel here:



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