EMPLOYEE / INDIVIDUAL

You had close contact (within 6 feet for more than 10 minutes) with a person with *SYMPTOMS of COVID-19.

Self-isolate for 14 days in accordance with CDC guidelines. Conduct daily monitoring of your health.

Do you have *SYMPTOMS? 

NO

Continue with normal activities while monitoring your health daily.

YES

Seek the evaluation of a medical provider to determine if COVID-19 testing is indicated.

*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

If testing is indicated, please ISOLATE until test results are received.

If test result is POSITIVE, continue to ISOLATE and local public health will contact you for follow up.

If no testing is conducted, you should ISOLATE for at least 10 days after illness onset and at least 3 days after symptoms have improved.

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.

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<tr>
<td>Felt feverish, chills or shaking</td>
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<td>Difficulty breathing/shortness of breath</td>
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<td>Headache</td>
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<td>Muscle Pain</td>
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<td>Loss of Smell/Taste</td>
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<td>Other:_______________</td>
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Please record additional symptoms. and if you’re taking any medication that contain aspirin, Tylenol® (acetaminophen), paracetomol, Aleve® (naproxen), Motrin® or Advil® (ibuprofen), or add any other notes about how you feel here:

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________________________________________________________________________

Eastern Idaho Public Health
Prevent. Promote. Protect.

(208) 522-0310 or toll free (855) 533-3160