

McLennan  
C O M M U N I T Y  
C O L L E G E  
**COVID-19**

## Self-Assessment Form

**Disclaimer** - Employees should not discuss personal medical history with supervisors. Calls to supervisors are to notify them that the employee will be out sick.

## Exposure

Have you been within six feet of a person with a lab-confirmed or suspected case of COVID-19 or had direct contact with his/her mucus or saliva in the past 14 days?

Yes  No

Does this person live with you?

Yes  No

If you answered “**YES**” to either of these questions, **DO NOT COME TO WORK.** Call your supervisor.

## Severe Symptoms

Are you struggling to breathe or fighting for breath even while inactive or when resting?

Yes  No

Do you feel as though you might collapse every time you stand or sit up?

Yes  No

If you are experiencing any of these severe symptoms, call 911.

**DO NOT COME TO WORK.**

If you marked “**YES**” to any of the questions or are experiencing any of the symptoms listed, call your supervisor and complete the Self-Reporting Form at [www.mclennan.edu/covid](http://www.mclennan.edu/covid).

## Symptoms

Are you experiencing any of the following symptoms?

- Cough
- Fever (100° or above)
- NEW** cough
- NEW** shortness of breath or difficulty breathing
- NEW** chills
- NEW** muscle aches
- Sore throat
- Headache
- Diarrhea
- NEW** loss of taste or smell

If you are experiencing any of these symptoms,

- Notify your supervisor and contact a physician.
- Stay home and **DO NOT COME TO WORK.**
- Remain at home until:
  - you have been fever free for at least 24 hours (that is one full day without fever and without the use of fever-reducing medication).
  - other symptoms have improved (for example, when your cough or shortness of breath have improved).
- Seek immediate medical care if symptoms become more severe (for example high fever or difficulty breathing).

This applies regardless of whether you have been tested for COVID-19.