



COVID-19 RETURN TO CAMPUS

Daily Employee Log

Daily Health Check

IF YOU ARE EXPERIENCING COVID-19 SYMPTOMS:

- Cough
- Shortness of breath
- Difficulty breathing
- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

YOU SHOULD:

- Not report for work
- Contact your personal physician and University of New Haven Health Services at 203-932-7079 or on-line at newhaven.edu/illnessnotification for further guidance
- Contact your manager or supervisor

BUILDING: _____ ROOM LOCATION: _____

NAME (Print)	DATE	TIME IN	DATE	TIME OUT	NAME (Signature) - I am self-monitoring and not experiencing COVID-19 symptoms

Faculty/Designee (please print)

Signature

Date