

Self-Monitoring Checklist and instructions for Covered Persons under Quarantine or Work from Home Quarantine

Check in with Employee Health Services at least once every 5 days between 7:30 AM to 5:00 PM.

Take temperature twice a day. AM & PM

Report if fever is greater than or equal to 100 F

Monitor self for respiratory symptoms.

Cough Yes No

Shortness of Breath Yes No

Sore throat Yes No

If any of the above symptoms, please call and notify Employee Health Services at 973-754-2265.

If after 5:00 PM call ER at 973-754-2222 (Charge Nurse)

- Covered Persons under Quarantine or Work from Quarantine must eliminate contact with the public other than those residing at home. If a family member of the covered person's residence experiences a potential exposure or comes in contact with a known infected person the covered person must contact Employee Health Services immediately.
- Covered Persons, while quarantined must complete and submit the self-reporting tool to Employee Health Services every 5 days to allow for a determination regarding potential isolation.
- Covered Persons placed under Quarantine or Work from home Quarantine must adhere to the following guidelines:
 - Eat, drink, sleep and stay in a separate room in the house away from the other household members during the whole period of quarantine.

- Minimize direct contact with the other household members. Wash hands thoroughly and use a facial mask if contact with other members of the household cannot be completely avoided (surgical masks will suffice, or simply a handkerchief).
- Use separate eating utensils and dishes for meals, which should then be washed and immersed separately from other household members' utensils/dishes, using hot water with detergent. Similarly, wash clothes separately to avoid potential cross-contamination.
- Do not share personal items, such as towels.
- Take your temperature twice a day. If elevated or cough or shortness of breath symptoms appear, contact Employee Health Services immediately.
- Force fluids, even if asymptomatic.
- Remain in quarantine for the full required time, or until released by Employee Health Services.

Print Name: _____ Signature: _____

Date: _____