

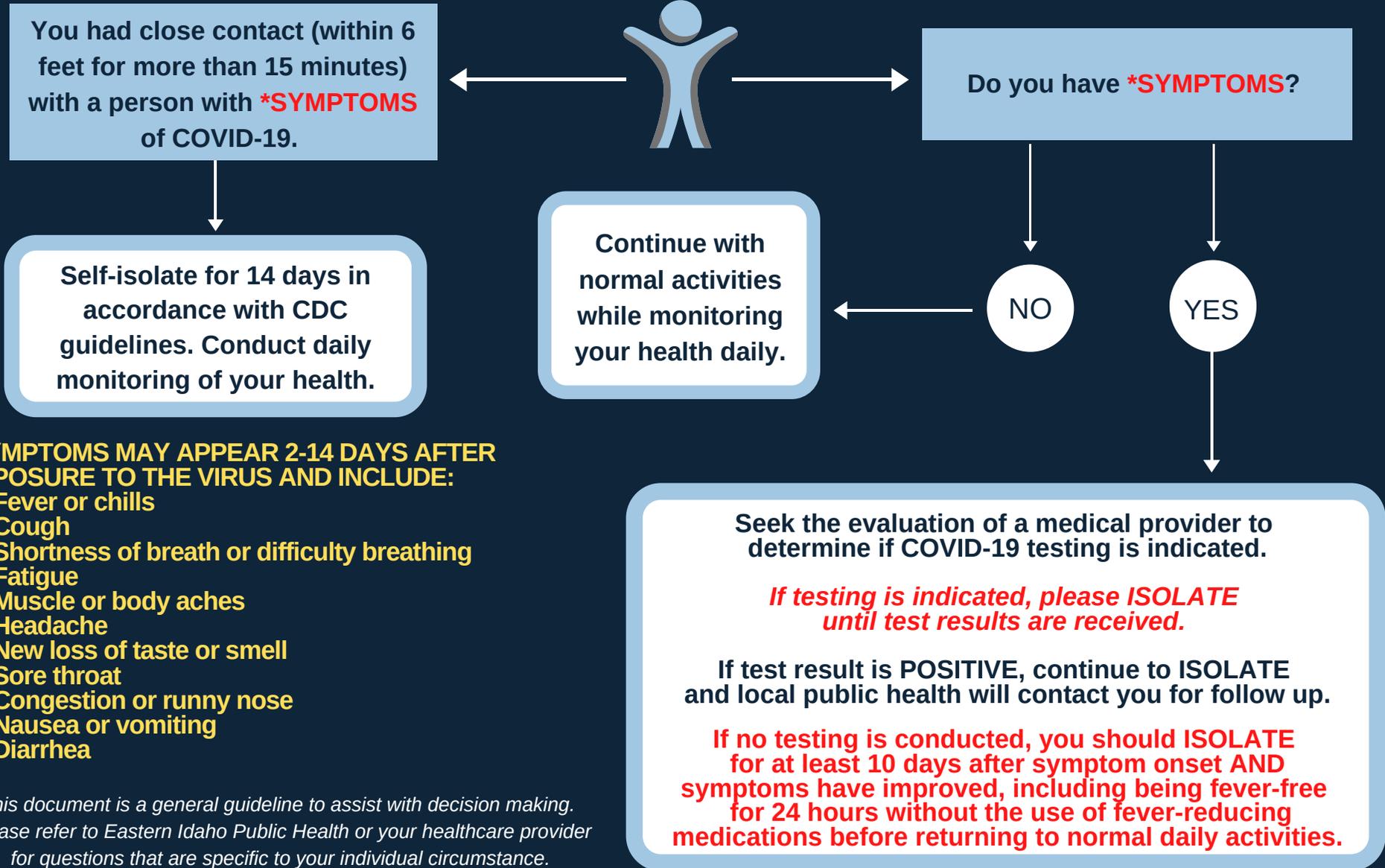
# COVID-19 Decision Tree

(revised 7/28/2020 due to 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:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

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
Fatigue	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
Runny Nose	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
Nausea/Vomiting	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
Diarrhea	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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