



Next Steps: close contacts of someone with COVID-19

- Follow these recommendations for **14 days since your last close contact** with someone with COVID-19.
- **Anyone who is a close contact of someone with COVID-19 should get tested.** If you test negative during your quarantine period, you will still need to complete your full 14-day quarantine before it is safe to go back to work or be around others.
- It is important to **self-quarantine** and **self-monitor** to protect yourself, your family, and your community.

What does it mean to be a “close contact” of someone with COVID-19?



You are a “close contact” if **ANY** of the following situations happened while you spent time with the person with COVID-19 (even if they didn’t have symptoms):

- Had direct physical contact with the person (e.g., hug, kiss, handshake).
- Were within 6 feet of the person for more than 15 minutes.
- Had contact with the person’s respiratory secretions (e.g., coughed/sneezed on, contact with dirty tissue, sharing a drinking glass, food or towels or other personal items).
- Stayed overnight for at least one night in a household with the person.

REMEMBER:

- Someone who is sick with COVID-19 can spread it two days before they show any symptoms.
- Not everyone with COVID-19 will have symptoms, but they may still spread it to others.

How do I self-quarantine?

- **Stay home as much as possible.**
- **Most people should not go to work if they have to be around other people.** Talk with your employer about working remotely if your employer allows it. Health care workers should contact their employee health for the current policy.
- **Avoid travel.** If travel is absolutely necessary, and you become ill, you may not be able to return home until after you recover. When you get home, you will be asked to continue self-quarantine and self-monitoring for 14 days.
- **Wash your hands often and practice good hygiene.**
- **Go out only if absolutely necessary.** Instead, see if someone can drop off essentials at your house. If you need to go out, limit your travel to essential needs, for example, going to the doctor, getting groceries, or picking up medication. Remember to always wear a cloth face covering.
- **Postpone all non-essential medical appointments until your quarantine is over.** If you have an essential appointment during quarantine, call your doctor about what arrangements can be made.
- **Do not use public transportation, ride-sharing, or taxis.**
- **Wear a face covering when you are around others.** This helps protect others by preventing respiratory droplets from getting into the air.

How do I self-monitor?

- **Measure your temperature twice a day, once in the morning and once at night.** If you don't have a thermometer, watch for symptoms of fever like feeling hot, chills, or sweats.
- **Watch for cough or difficulty breathing.**
- **Respond to your local health department.** They may ask you for information about how you are feeling. If they do, they will tell you how to provide this information (for example, phone calls, emails, text message) and how often.



If you develop fever, cough, have difficulty breathing, or any other symptoms of COVID-19*:



1. **Contact your doctor.** Tell them your symptoms and see if you need medical care or testing. Do not go to your doctor's office without contacting them first.
2. **Stay home unless you need emergency medical attention.** Isolate yourself from others in your home, practice good hand hygiene, sanitize surfaces in your home, and wear a face covering if you need to be around other people. If you need emergency medical attention, call 911 and let them know that you are being monitored for COVID-19.

*Other COVID-19 symptoms may include sore throat, runny nose, muscle pain, headache, new loss of sense of taste or smell. Some people may also experience fatigue or gastrointestinal symptoms such as nausea, vomiting, diarrhea, or abdominal pain.



14-day Fever and Symptom Tracker - COVID-19

| | | | | |
|-------------------------|--|------|----------------------------|--|
| Name | | | Age (years) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Address | | City | State | Your Telephone Number |
| Local Health Department | | | Telephone Number – Daytime | Telephone Number – After hours |

Put the **current date** in the space provided for the next 14 days. Take your temperature twice a day; **once in the morning (a.m.) and once in the evening (p.m.)**, circle **Yes** or **No** if you have fever or are feverish, then write your temperature in the space.

Circle **Yes** or **No** - If you have a cough, sore throat, or shortness of breath for each day.

Do not leave any spaces blank. If you have a fever or any symptom, immediately call your doctor.

| Date (month/day) (Days 1-14) | Feverish? | Temperature Morning (a.m.) | Temperature Evening (p.m.) | Cough | Sore Throat | Shortness of Breath | Other Symptoms |
|---------------------------------|-----------|-------------------------------|-------------------------------|----------|----------------|------------------------|----------------|
| 1 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 2 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 3 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 4 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 5 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 6 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 7 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 8 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 9 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 10 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 11 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 12 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 13 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |
| 14 | Yes / No | °C / °F | °C / °F | Yes / No | Yes / No | Yes / No | |