

COVID-19 Positive Checklist

This form does not need to be given to anyone or any entity; these is a self-check list for those who have tested positive for COVID and have not been contacted by Public Health.

I. COVID- 19 Information:

Infectious Timeframe: A person with COVID-19 is considered infectious (spread disease) starting two days before they develop symptoms, or two days before the date of their positive test if they do not have symptoms.

For most children and adults with COVID-19 symptoms; infection, isolation, and precautions can be discontinued 10 days after symptom started **AND** no fever for at least 24 hours (without medication) and improvement of other symptoms. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

Close Contact: A close contact is someone who was within 6 feet of a person with COVID-19 for at least 15 minutes over a 24-hour period starting from 2 days before symptoms appeared (or, for patients who do not have symptoms, 2 days prior to their test) until the positive person has isolated.

Isolation: Separates people infected with a contagious disease (test positive for COVID-19) from people who are not infected

Quarantine: Restricts the movement of persons who were exposed to a contagious disease in case they become infected. (Close contacts/ household members of person who tests positive COVID-19)

II. Isolation (test positive):

- Stay home (away from others including other household members) for at least 5 days.
- Isolation can end after day 5 if symptoms are not present or are resolving **and** an antigen test collected on day 5 or later which is negative.
- Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings
- If you are unable to test or choose not to test, and symptoms are not present or are resolving, isolation can end after day 10.
- If fever is present, isolation should be continued until there is no fever (without medication).
- If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after day 10.

The following check list is to assist a person, who test positive for COVID-19 to identify those who may be close contacts, in order to notify close contacts that they were exposed. Close contacts should test within five days after last exposure OR as soon as there are symptoms.

Who and where were you two days before symptoms (with symptoms) or before testing positive:	
Any close contacts (check all that apply):	
Did you ride in the car with anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Dentist – Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Pharmacy – Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Stores – Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Restaurants – Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Bars – Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Gym – Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Beauty Salon/Barber – Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Church – Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
School – Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Gas station – Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Did you have close contact with any co-workers/ class mates?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Have you contacted all your close contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other Questions: Check all that apply	
Can you isolate safely from the rest of the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have enough food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have enough necessary medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there someone that can bring you food or shop for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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