Self assessment: Can I return to the office?

Within the past 14 days, have you been given a COVID-19 test by a medical professional?

YES → Have you received your results yet?

- **NO** → I tested positive
- **YES** → I tested negative

NO ↓

Within the past **14 days**, have you had any of the following symptoms: **Cough, shortness of breath and/or difficulty breathing?** Or at least TWO of these symptoms?

- Fever
- Chills
- Nausea/vomiting
- Congestion/runny nose
- Repeated shaking with chills
- New loss of taste or smell
- Sore throat
- Headache
- Diarrhea
- Muscle pain

YES → **DO NOT RETURN TO WORK. Contact your supervisor.**

NO ↓

Within the past **14 days**, have you been in close contact with anyone who has tested positive for COVID-19 and has an active infection?

YES → **DO NOT RETURN TO WORK. Contact your supervisor.**

NO ↓

Within the past 14 days, have you traveled outside of Arkansas for any reason?

YES → **DO NOT RETURN TO WORK. Contact your supervisor.**

NO → **You are able to return to your work station. Please contact your supervisor with any questions prior to returning.**

UofA DIVISION OF AGRICULTURE RESEARCH & EXTENSION University of Arkansas System

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