



Professional Nursing Services

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## **PNS COVID-19 Self-Assessment**

### **NURSING STAFF**

1 HOUR BEFORE YOUR SCHEDULED SHIFT PERFORM SELF ASSESSMENT FOR ANY SIGNS/SYMPTOMS OF COVID 19:

- Cough
- Shortness of breath or difficulty breathing

*Or at least two of these symptoms:*

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.

- TAKE TEMPERATURE 1 HOUR BEFORE SHIFT
- IF YOU HAVE A FEVER: NOTIFY PNS IMMEDIATELY AND DO NOT GO TO WORK. CONSULT YOUR PCP.
- RECORD YOUR TEMPERATURE ON THE TIMESHEET (PRINTED NAME PORTION)

### **CLIENTS/FAMILIES/GUARDIANS**

- NOTIFY PNS OF ANY SICK FAMILY MEMBERS.
- CONTACT PCP FOR RECOMMENDATIONS AND SHARE WITH NURSING SUPERVISOR