



*In the last 14 days, have you experienced any of the following COVID-19 symptoms, unrelated to a chronic or pre-existing condition you may have (such as seasonal allergies, asthma, etc.)?*

YES

- Stay home
- Separate yourself from others
- Contact your medical provider or your local health department
- Contact your Supervisor
- Contact Human Resources at [itorres@mv.org](mailto:itorres@mv.org)
- Report your absence per standard reporting protocol

**Group A**  
(1 or more symptoms):

- Cough
- Shortness of breath
- Difficulty breathing
- New loss or altered sense of taste or smell

**Group B**  
(2 or more symptoms):

- Fever (100.0° or higher as registered prior to taking any fever reducing medication)
- Chills
- Rigors
- Muscle aches or weakness
- Headache
- Sore throat
- Nausea or vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose

NO

*Have you been in contact with someone who has been diagnosed with or tested positive for COVID-19?*

YES

*Have you had close contact, defined as less than 6 feet apart for longer than 15 minutes, with someone who has been diagnosed with or tested positive for COVID-19?*

YES

- Stay home
- Separate yourself from others
- Contact your medical provider or your local health department
- Contact your Supervisor
- Contact Human Resources at [itorres@mv.org](mailto:itorres@mv.org)
- Report your absence per standard reporting protocol
- Please provide a copy of any quarantine order from your healthcare provider or local health department to the Human Resources. Do not return to any assignment until you have been approved by Human Resources to do so.

NO

*Are you currently under the direction of a state/local health department or under the order of any medical professional to isolate or quarantine because of COVID-19?*

YES

NO

*Have you recently been tested for COVID -19 and are still awaiting results?*

YES

YES

- Quarantine or isolate per physician's order.
- Provide a copy of COVID testing or quarantine/isolation orders to Human Resources
- Separate yourself from others
- Contact your Supervisor
- Contact Human resources at [itorres@mv.org](mailto:itorres@mv.org)
- Report your absence per standard reporting protocol
- Do not return to any assignment until you have been approved by Human Resources to do so.

NO

- You may report to work
- Monitor your symptoms
- Wear a face covering, maintain social distancing, and practice good hygiene

Questions? Email or call [itorres@mv.org](mailto:itorres@mv.org)

**When can you return to work if you have experienced COVID Symptoms?**

If you are experiencing symptoms, you must stay home. You may return to work when the following conditions have been met:

- You have completed the required isolation orders from the Bucks County Health Department. Please provide a copy of the isolation order. (No letter will be given for return to work)

**OR...**

- You have a note from your medical provider or local health department that documents that you are cleared to return to work.
- The note must indicate your diagnosis, that you are symptom free of COVID-19, and that you can work full duty with no restrictions.

The note must be provided to Human Resources **BEFORE** you return to your assignment. Do not return to your assignment until you have been approved by Human Resources to do so.