












## Bermuda Hospitals Board

# COVID-19 Patient Symptom Checklist and Self-Assessment

Add the score points for all the symptoms below that you are experiencing, then use the total to identify your next steps, whether you need help and who to call.

	New and constant cough	SCORE	1
	Fever (back or chest feel hot, or thermometer reads 100.4° Fahrenheit/38° Celsius or higher) OR chills	SCORE	1
	Sudden loss of smell and taste	SCORE	1
	Diarrhea and/or vomiting ( <u>able</u> to tolerate fluids)	SCORE	1
	Diarrhea and/or vomiting ( <u>unable</u> to tolerate fluids)	SCORE	3
	Sore throat and feeling tired	SCORE	1
	Headache	SCORE	1
	Muscle or body aches	SCORE	1
	New shortness of breath/difficulty breathing	SCORE	3

**If you are under 60, have no other health issues and have a symptoms score of less than 3 points:**

Stay at home and self-isolate, following Government guidelines. Continue to monitor yourself for any changes in your symptoms.

Drink plenty of fluids and take Tylenol and/or ibuprofen as needed.

**If you have any of the following:**

- Symptoms score of less than 3 points and you are over 60
- Symptoms score of less than 3 points and you have known health issues (diabetes, heart disease, hypertension, etc.)
- Symptoms score of 3 or more
- Worsening symptoms

**Immediately call your primary care provider, the Government COVID-19 hotline (444-2498) or Emergency Department telephone triage (239-2009) for advice.**

**Tell your primary care provider or call the COVID-19 hotline if you have any of the above symptoms and you or someone you have been in contact with has travelled overseas in the last 14 days, or you have been in contact with someone who is suspected of having COVID-19.**