# COVID-19 EXPOSED UP-TO-DATE ON YOUR VACCINE & BOOSTER

You are up-to-date if you have been boosted or you have completed the primary series (both doses) of the Moderna or Pfizer vaccine within the last 6 months or you have completed the primary series (single dose) of the J&J vaccine within the last 2 months.

#### WATCH YOURSELF FOR SYMPTOMS OF COVID-19

- Fever or chills
- Cough
- Shortness of breath or trouble breathing
- Tiredness
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

# PROTECT OTHERS

WEAR A MASK AROUND OTHERS FOR 10 DAYS

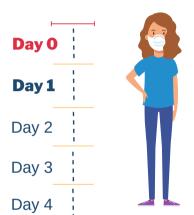
Especially if you live with someone who is not vaccinated *OR* is at high risk of severe disease.

If you start to have COVID-19 symptoms...

Get a test and stay home.

\*see "Isolation Guidance"

## **WHAT TO DO: MONITOR, MASK & TEST**



If you have been within 6 feet of someone with COVID-19 for a total of 15 minutes or more on any day that they may have been infectious, you should **monitor** and **mask** for at least 10 days, and **test** if possible.

Day 5

Day 6

Day 7

Day 8

Day 9

**Day 10** 

#### Get tested, if possible.

If test is positive: Start isolation guidance\*. Stay home, wear a mask, and tell your close contacts.

If test is negative: Resume normal activities and continue to wear a mask around others.

Last day of masking around others.

Isolation guidance and more resources at: www.netracing.org



# COVID-19 EXPOSED NOT UP-TO-DATE ON YOUR VACCINE & BOOSTER

You are **NOT** up-to-date if you are **not vaccinated, not fully-vaccinated,** or if you are **not boosted** and you completed both doses of the Moderna or Pfizer vaccine <u>more</u> than 6 months ago or you completed the single dose of the J&J vaccine <u>more</u> than 2 months ago.

#### WATCH YOURSELF FOR SYMPTOMS OF COVID-19

- Fever or chills
- Cough
- Shortness of breath or trouble breathing
- Tiredness
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

# PROTECT OTHERS

#### WEAR A MASK AROUND OTHERS FOR 10 DAYS

Especially if you live with someone who is not vaccinated *OR* is at high risk of severe disease.

If you start to have COVID-19 symptoms...

Get a test and stay home.

\*see "Isolation Guidance"

## **WHAT TO DO: STAY HOME FOR 5 DAYS**



If you have been within 6 feet of someone with COVID-19 for a total of 15 minutes or more on any day that they may have been infectious, **stay home for 5 days, monitor** and **mask** for at least 10 days, and **test** if possible.

If you cannot stay home for 5 days, mask around others for 10 days.

### Get tested, if possible.

If test is positive: Start isolation guidance\*. Stay home, wear a mask, and tell your close contacts.

If test is negative: Resume normal activities and continue to wear a mask around others.

Day 10

Day 5

Day 6

Day 7

Day 8

Day 9

Last day of masking around others.

Isolation guidance and more resources at: www.netracing.org



### COVID-19 POSITIVE OR SYMPTOMATIC: Isolation Guidance

If you have tested positive or have symptoms of COVID-19, you need to stay home and isolate for 5 days!

#### **GIVE SPACE TO PEOPLE YOU LIVE WITH & DO NOT HOST VISITORS**

Stay in a separate part of your home when possible and use a different bathroom if you can.

#### **WEAR A MASK FOR 10 DAYS**

Over your mouth and nose. Even at home. if you live with other people.

#### **WASH YOUR** HANDS

With soap and water, for 20 seconds each time you wash them.

#### **CLEAN ALL** "HIGH TOUCH" **SURFACES**

Wipe down and sanitize shared spaces often.

**WHAT TO DO: STAY HOME, MASK & MONITOR** 

#### **STAY HOME** FOR 5 DAYS

Start counting on the date of vour positive test. OR on the first day of symptoms.

If you start out asymptomatic but get symptoms during your 10-day isolation period, begin the 10-day count again. The first day of symptoms is your new Day 0.

#### **WATCH FOR SYMPTOMS OF COVID-19**

For a full list visit www.cdc.gov

Day 0

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Day 7

Day 8

Day 9

**Day 10** 

#### THE DATE OF YOUR POSITIVE TEST OR YOUR FIRST DAY OF SYMPTOMS\*

#### THIS IS YOUR FIRST FULL DAY AFTER

- your positive test or
- your symptoms start.

#### DAY 5 **NO FEVER**

...and your other symptoms are gone or getting better?

Then you can leave vour house.

Continue to wear a mask for 5 more davs.

#### DAY 5 WITH FEVER

Continue to stav home until vour fever is gone and your symptoms are getting better.

Wear a mask until at least day 10.

#### **NO FEVER? NO SYMPTOMS?**

Last day of masking around others.

#### **FEVER? SYMPTOMS?**

Keep masking until vour fever is gone.

More resources at: www.netracing.org

