COVID-19 Plan

Tools, information, and action steps to share with your family, friends, and healthcare provider

Start your personal COVID-19 plan

Talk with your healthcare provider about whether you are at high risk of getting very sick from COVID-19.

- People who are more likely to get very sick include older adults (ages 50 years or more, with risk increasing with age), people who are unvaccinated, and people with certain medical conditions, such as chronic lung disease, heart disease, or a weakened immune system.

Understanding risk

- People with risk factors for severe disease may benefit from treatment if they get COVID-19.
  A healthcare provider will help decide which treatment, if any, is right for you.

Tests
Have a supply of COVID-19 self-test kits at home and know when and how to use them.

- If you have symptoms of COVID-19, test immediately.
- If you test positive, treatments are available that can reduce your chances of hospitalization and death.

Treatment
Have a plan to contact a healthcare provider right away if you test positive.

- Don’t delay: Treatment must be started within days after you first develop symptoms to be effective.

Healthcare provider
If you don’t have a healthcare provider, consider telehealth options or contact a Test to Treat site to get tested, evaluated, and treated in one location.

- Test to Treat locations: https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com/

Take precautions


Vaccines
Stay up to date on vaccines. Know when to get a booster:

Ventilation
Spend time outside and improve indoor air quality at home by opening windows and using adequate filtration.

Masks
Masks are recommended for those at high risk when COVID-19 community levels are medium and for everyone when levels are high. Learn more:
Recognize COVID-19 symptoms

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

Emergency warning signs for COVID-19

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Difficulty waking or staying awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This list is not a full list of all possible symptoms.
Call your healthcare provider if I have any other symptoms that are severe or concerning to me.

If I have symptoms  Date my symptoms started: _______________
1. Get tested right away (within 24 hours or as soon as possible).
2. Call my healthcare provider right away and see if I am eligible for treatment.

If I test positive
1. Call my healthcare provider and see if I am eligible for treatment.
2. Isolate at home for at least 5 days.
3. Tell people I had recent contact with that they may have been exposed.
4. Wear a high-quality mask for 10 full days anytime I am around others inside my home or in public.
5. Monitor my symptoms.

If I am exposed to COVID-19  Date of exposure: _______________
1. Get tested at least 5 days after I was exposed.
2. Watch for symptoms for 10 days.
3. Wear a high-quality mask for 10 full days anytime I am around others inside my home or in public.

Things to consider if I get sick

- Transportation
- Room to isolate
- Help at home
- Childcare
- Pet care
- Food
- Cleaning supplies
- Hand sanitizer
- Fill all prescriptions
- Masks
- Over the counter medications
COVID-19 testing near me
Community testing sites: https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html

Test to Treat locations: https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com/

My medical information
Medical conditions
Allergies
Medications
Supplements
Disabilities

My healthcare providers
Name
Phone #
Name
Phone #
Name
Phone #
Name
Phone #

Talk with your healthcare provider about telehealth options and what medications to have on hand at home.

How to contact my provider after hours:
If you don't currently have a healthcare provider, reach out to your community health center to find one: https://findahealthcenter.hrsa.gov/

My pharmacy
Pharmacy
Phone #

My COVID-19 vaccinations
Name of vaccine
Where I got my COVID-19 vaccinations
Dates of primary series
Dates of booster(s)
Types of booster(s)

Contact information for family/friends
Name
Phone #
Name
Phone #
Name
Phone #
Name
Phone #

cdc.gov/coronavirus