

## How can we distinguish between a “suspected but unconfirmed” case of COVID-19 and a typical illness?

There is no easy way for you to make this determination, but you should let logic guide your thinking. The kinds of indicators that will lead you to conclude an illness could be a suspected but unconfirmed case of COVID-19 include whether that employee traveled to a restricted area that is under [a Level 2, 3, or 4 Travel Advisory](#) according to the U.S. State Department, whether that employee was exposed to someone who traveled to one of those areas, or similar facts. You should err on the side of caution but not panic.

The [EEOC has confirmed](#) that you can inquire into an employee’s symptoms, even if such questions are disability-related, as you would be considered to have a “reasonable belief based on objective evidence that the severe form of pandemic influenza poses a direct threat.” Inquiries into an employee’s symptoms should attempt to [distinguish the symptoms of COVID-19 from the common cold and the seasonal flu](#). This should include inquiries into whether an employee is experiencing:

- Fever
- Fatigue
- Cough
- Sneezing
- Aches and pains
- Runny or stuffy nose
- Sore throat
- Diarrhea
- Headaches
- Shortness of breath

The most common symptoms of COVID-19 are fever and a dry cough. [This helpful chart](#) can help you and your employees distinguish between the COVID-19 coronavirus, the seasonal flu, or a common cold.

It is important to remember that you must maintain all information about employee illness as a confidential medical record in compliance with the ADA.