

COVID-19

DAILY SELF-SCREENING QUESTIONNAIRE

In order to protect the health and safety of our College community, we ask that everyone conduct a daily self-screening for COVID-19 PRIOR TO COMING TO CAMPUS using the following questions:

1. Within the last 14 days, have you experienced a new cough that you cannot attribute to another health condition?
 YES
 NO
2. Within the last 14 days, have you experienced new shortness of breath that you cannot attribute to another health condition?
 YES
 NO
3. Within the last 14 days, have you experienced a new sore throat that you cannot attribute to another health condition?
 YES
 NO
4. Within the last 14 days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?
 YES
 NO
5. Within the last 14 days, have you had a temperature at or above 100.4⁰ or the sense of having a fever?
 YES
 NO
6. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19? (*Note: Close contact is defined as within 6 feet for more than 15 consecutive minutes)
 YES
 NO

If you answered YES to any of these questions, please do not come to campus and contact your instructor or supervisor for further information. Thank you.



Thank you for screening.

You are not required to submit this form. However, you may email it to yourself if you need a copy for your own records.

Please remember, if you answered YES to any of these questions, please DO NOT ENTER CAMPUS and notify your instructor/supervisor for further instructions.