Daily Health Screening
Self-Assessment Questionnaire

Review the questions below 24 hours prior to coming to campus. If you answer “YES” to any of the questions below, you should not come to campus.

QUESTIONS

1. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?
   - ☐ No
   - ☐ Yes

2. Do you live in the same household with, or have you had close contact* in the past 14 days with someone who has been diagnosed with or suspected of having COVID-19?
   - ☐ No
   - ☐ Yes

   *Close contact is defined as living in the same house as, having stayed at the house, being a caregiver, or being within 6 ft. of someone who has COVID-19 for a cumulative total of 15 minutes or longer over a 24-hr period.

3. Do you have ANY of the following symptoms within the past 24 hours that are NEW and not due to a chronic medical condition?
   - ☐ No
   - ☐ Yes

   - Fever of 100.4°F Fahrenheit or greater
   - Chills or repeated shaking/shivering
   - Cough
   - Sore throat
   - Shortness of breath or chest tightness
   - Feeling unusually weak or fatigue
   - New loss of taste or smell
   - Muscle pain or body ache
   - Headache
   - Congestion, runny nose, or sinus problem
   - Diarrhea or other gastrointestinal problem
   - Nausea or vomiting