

## **COVID-19 HEALTH SCREENING SELF-ASSESSMENT**

Your health and well-being are of the utmost importance and we are taking measures to keep the college a safe environment for both students, employees, and the public.

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 24 hours, have you had a temperature at or above 100.4° 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 the individual answers YES to any of the questions, the individual should communicate with the COVID-19 Prevention and Response Coordinator (556-2556) before coming to campus.**