

## COVID-19 SELF- SCREENING ASSESSMENT

The safety of our Students and Employees is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are requiring everyone to ask themselves these questions daily prior to arriving at the workplace. Please **do not enter** the workplace if you answer “Yes” to any question 1- : contact your supervisor, follow [CDC guidelines](#) and submit the appropriate [Online Reporting Form](#) immediately. **Please respond to each of the following questions, truthfully, commonsensically and to the best of your ability.** Your participation is important to help us take precautionary measures to protect you and the other employees and students.

1	Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? <i>(Please take your temperature before you answer this question.)</i>	
	Yes	No
		Fever (100.4° F/37.8° C measured by a thermometer)
	Yes	No
		Cough
	Yes	No
		Shortness of breath or difficulty breathing
	Yes	No
		Sore throat
	Yes	No
		New loss of taste or smell
	Yes	No
		Chills
	Yes	No
		Head or muscle aches
	Yes	No
		Nausea, diarrhea, vomiting, new GI symptoms
	Yes	No
		Runny nose, or new sinus congestion