**Campus Visitor Health Self-Screening Report**

You are expected to complete this self-screening report each day you visit campus (prior to coming to campus). You do not need to submit this form to anyone, but need to follow report instructions located at the end of this report.

**Do you have any of the following symptoms related to COVID-19 that are not otherwise caused by a chronic or known medical condition?**

Fever (A normal temperature should not exceed 100.4° F /38.0° C.)

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Unusual shortness of breath

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Cough

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Chills

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Repeated shaking with chills

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Unusual strong muscle pains or aches

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Headache

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Sore throat

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Congestion or runny nose

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Nausea or vomiting

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Diarrhea

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

New loss of taste or smell

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

**In the last 14 days, what is your exposure to others who are known to have COVID-19?**

I live with someone who has COVID-19.

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

I am caring for someone who has COVID-19.

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

I've had close contact\* with someone who has COVID-19.

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

*\*Close contact is defined as being within 6 feet of an infected person for at least 15 minutes, starting from 48 hours before the person began feeling sick until the time the patient was isolated.*

If your responses to any questions above are ***yes***, you should not come to campus today. Please immediately call and/or email the university representative who is coordinating your visit. Inform them you are unable to visit based on your responses to the Campus Visitor Health Self-Screening Report. You can discuss alternative visit dates if there is an option to reschedule.