## **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                |

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