COVID-19 DAILY HEALTH SELF-ASSESSMENT
CAMPUS GUESTS

FACULTY AND STAFF INSTRUCTIONS: Volunteers, visitors, vendors, contractors, etc. who are on campus at your request will need to complete this form each day they are on campus. Please distribute this form and keep completed copies for one month. If anyone marks 'yes' to any answer, they should be removed from campus. Student Health should then be notified of the potential campus exposure and the person should seek guidance from their healthcare provider. As always, if any campus guest is in significant distress, contact 911 and Campus Safety.

NAME _____ COMPANY/ORG_____ DATE_____

EXPOSURE

Are you COVID-19 positive or living with someone who is COVID-19 positive?

- ☐ YES
- ☐ NO

In the last 14 days, have you been within six feet of a person or had direct contact with a lab-confirmed or suspected case of COVID-19 in which you spent 15 minutes or more with that person?

- ☐ YES
- ☐ NO

SYMPTOMS

Do you have any symptoms of COVID-19, not related to another medical condition? Symptoms may include fever, sore throat, new loss of taste or smell, etc.

- ☐ NO
- ☐ YES (list symptoms in box)

REMINDER:
Please complete a survey each day you are on campus. Only check 'yes' if the exposure or symptom is new since the last time you completed this form

If you have any symptoms of COVID-19, please notify an RC employee and remove yourself from campus. If you test positive, you may not return until you at least 10 days has passed since symptoms first appeared and at least 24 hours have passed since last fever without the use of fever-reducing medications and that the symptoms (e.g., cough, shortness of breath) have improved.