COVID-19 Visitor Self-Assessment Form

Exposure
Have you been within six feet of a person with a lab-confirmed or suspected case of COVID-19 or had direct contact with his/her mucus or saliva in the past 14 days?
- Yes
- No

Does this person live with you?
- Yes
- No

If you answered “YES” to either of these questions, DO NOT COME TO CAMPUS.

Severe Symptoms
Are you struggling to breathe or fighting for breath even while inactive or when resting?
- Yes
- No

Do you feel as though you might collapse every time you stand or sit up?
- Yes
- No

If you are experiencing any of these severe symptoms, call 911.
DO NOT COME TO CAMPUS.

Symptoms
Are you experiencing any of the following symptoms?
- Cough
- Fever (100° or above)
- NEW cough
- NEW shortness of breath or difficulty breathing
- NEW chills
- NEW muscle aches
- Sore throat
- Headache
- Diarrhea
- NEW loss of taste or smell

If you are experiencing any of these symptoms,
- Contact a physician.
- Stay home and DO NOT COME TO CAMPUS.
- Remain at home until:
  - you have been fever free for at least 24 hours (that is one full day without fever and without the use of fever-reducing medication).
  - other symptoms have improved (for example, when your cough or shortness of breath have improved).
- Seek immediate medical care if symptoms become more severe (for example high fever or difficulty breathing).

This applies regardless of whether you have been tested for COVID-19.