COVID-19
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 shortness of breath or difficulty breathing
■ Fatigue
■ NEW chills
■ NEW muscle aches
■ Sore throat
■ Congestion or runny nose
■ Headache
■ Nausea or vomiting
■ 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 three full days 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.

If you marked “YES” to any of the questions or are experiencing any of the symptoms listed, complete the Self-Reporting Form at www.mclennan.edu/covid.