

Return to Campus Health Screening Questionnaire

The purpose of this questionnaire is for you to self-observe your health prior to move-in.
It was developed using criteria from the Centers for Disease Control and Prevention.

Please answer the following questions:		
1. Do you have a fever greater than 100.4 degrees?	YES	NO
2. Have you exhibited any of the following symptoms?		
a. cough	YES	NO
b. shortness of breath	YES	NO
c. chills	YES	NO
d. muscle or body aches	YES	NO
e. sore throat	YES	NO
f. new loss of taste or smell (smell the same thing daily to establish a reference point)	YES	NO
g. fatigue	YES	NO
h. headache	YES	NO
i. congestion or runny nose	YES	NO
j. nausea or vomiting	YES	NO
k. diarrhea	YES	NO
3. Have you been in close contact (within 6 feet for more than 15 minutes) with anyone confirmed with Covid-19 within the last two weeks?	YES	NO
4. Have you travelled internationally in the last 14 days?	YES	NO
5. Have you travelled anywhere identified as a hot spot by the CDC in the last 14 days?	YES	NO

If you answer **YES** to any of the above questions, you are to immediately speak with the Health Center staff.