

SYMPTOM SCREENING CHECKLIST

If you/the student/instructor are/is experiencing/exhibiting **ONE or more** of the following, student/instructor may not enter the classroom.

SYMPTOM/SCENARIO	YES	NO
Fever of 100 degrees or more or Chills	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Congestion or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Within the past 14 days, I have had contact with someone who has tested positive for COVID-19.	<input type="checkbox"/>	<input type="checkbox"/>
It has been less than 14 days since I have traveled out of state (internationally or state-to-state) or traveled by air.	<input type="checkbox"/>	<input type="checkbox"/>
I have received a positive COVID-19 diagnostic test result in the past 14 days.	<input type="checkbox"/>	<input type="checkbox"/>

Students and instructors should screen themselves *at home/prior to going to the classroom* and report the results to their instructor in person if the answer is "No" for all symptoms. Email results to instructor if the answer is "Yes" for one or more symptoms, and do not go to class.