SAMPLE COVID-19 SCREENING TOOL FOR ADULTS

Before coming to campus each day, adults should screen themselves for symptoms of illness by answering the following questions.

| Do you have a fever (100.4° F or greater) without having taken any fever-reducing medications? |
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| Do you have a loss of smell or taste? |
| Do you have a cough? |
| Do you have muscle aches? |
| Do you have a sore throat? |
| Do you have congestion or a runny nose? |
| Do you have shortness of breath? |
| Do you have chills? |
| Do you have a headache? |
| Have you experienced any new gastrointestinal symptoms such as nausea, vomiting, diarrhea, or loss of appetite in the last few days? |
| Have you, or anyone you have been in close contact with, been diagnosed with COVID- 19 or placed in quarantine for possible exposure to COVID-19 within the last two weeks? |
| Have you been asked to isolate or quarantine by a medical professional or a local public health official in the last two weeks? |