

VISITOR DAILY SELF-ASSESSMENT QUESTIONNAIRE RELATED TO COVID-19 (as of 4.1.2021)

This questionnaire is not meant to take the place of consultation with your health care provider or to diagnose or treat conditions. If you are in an **emergency medical situation***, call **911**. **Please answer all questions.**

Information about COVID-19 is constantly changing. For current updates on COVID-19 and details on testing and other health measures, check with your local public health agency and visit the CDC website at www.CDC.gov

Have you tested positive for COVID-19 within the last fourteen (14) days?

- Yes, IF YES, DO NOT ENTER CAMPUS.
 No

In the last fourteen (14) days, have you been in contact within six (6) feet of a person with a lab-confirmed case of COVID-19 for at least fifteen (15) minutes, or had direct contact with their mucus or saliva, within two (2) days of them being diagnosed?

- Yes No

In the last 48 hours, have you had any of the following NEW symptoms?

- Fever of 100 F (37.8 C) or above, or possible fever symptoms like alternating chills and sweating
 New or worsening Cough
 Trouble breathing, shortness of breath or severe wheezing*
 Tight feeling in chest*
 Chills or repeated shaking with chills
 Muscle aches
 Sore throat
 Loss of smell or taste, or a change in taste
 Nausea, vomiting or diarrhea
 Headache ** (does not respond to conventional medications such as Tylenol or Ibuprofen – Advil, Motrin) and usually accompanied by any of the additional symptoms listed above
 None of the above

NOTE**: A headache along with sneezing, watery eyes, stuffy or runny nose could indicate seasonal allergy symptoms. If you have questions regarding these symptoms or any illness, please contact your health care provider. *If yes, are the symptom(s), such as sore throat or headache, related to another medical issue?*

- Yes No Not applicable

Within the last fourteen (14) days, have you returned from traveling to any other state or country?

- Yes No

If “yes”, have you followed the updated NYS guidelines for domestic travel?

<https://coronavirus.health.ny.gov/covid-19-travel-advisory>

OR CDC guidelines for international travel?

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-international-air-travelers.html>

- Yes No

Print Name: _____

Telephone number (include area code) _____ (required for contact tracing)

Signature: _____