

## **Recommended Health Assessment Questions for Students and Staff**

1. Within the last 14 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?

If yes, STAY HOME and seek medical care

2. Do you live in the same household with, or have you had close contact with, someone who in the past 14 days has been in isolation for COVID-19 or had a test confirming they have the virus? Close contact is less than 6 feet for 15 minutes or more.

If yes, STAY HOME and seek medical care and testing.

3. Have you had any one or more of these symptoms today or within the past 24 hours? Are these symptoms new or not explained by another reason?

\*Fever

\*Cough

\*Shortness of breath/trouble breathing

\*Chills

\*Night Sweats

\*Sore Throat

\*Muscle/body aches

\*Loss of taste or smell

\*Headache

\*Confusion

\*Vomiting

\*Diarrhea

If yes, STAY HOME and seek medical care and testing.

