SELF-ASSESSMENT QUESTIONNAIRE RELATED TO COVID-19 FOR NON-EMPLOYEES

This questionnaire is not meant to take the place of consultation with your health care provider or to diagnose or treat conditions. If you're 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 been in contact within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 15 minutes, or had direct contact with their mucus or saliva, in the past 14 days?

Yes ________
No ________

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

- Fever of 100.4°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.

Have you recently returned from travelling to a “hot spot”? Note that states or countries may be deemed as “hot spots” by New York State due to the increase of COVID-19 cases, and the “hot spots” may change from time-to-time.

- Yes
- No

If yes, list location(s) : ________________.

Guests who recently returned from travel to a “hot spot” will not be allowed on campus.

If you have questions regarding this questionnaire, please contact your health care provider.

Name: ____________________________________________

Email: ____________________________________________

Signature and date: ________________________________