



774

499.6

Ph.

In the past 14 days, have you had close contact with an individual diagnosed with COVID-19 or who has been asked to self-isolate by a medical provider due to symptoms consistent with COVID-19?

☐

Yes

☐

No

Are you experiencing any of these symptoms?

☐

Yes

☐

No

Sore Throat?

365

☐

Yes

☐

No

Shortness of Breath?

365

Submit

I confirm that the above accurately describes my symptoms over the Last 24 Hours. If I develop any symptoms described above, I understand that I must leave campus immediately and notify my supervisor or HR.