



Phi

768

494.2

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

Card : Sore Throat?

Are you experiencing any of these symptoms?

☐ Yes ☐ No Sore Throat? 59

☐ Yes ☐ No Loss of Taste or Smell? 60

☐ Yes ☐ No Fever greater than 100.3F ? 59

☐ Yes ☐ No Chills? 59

☐ Yes ☐ No Shortness of Breath? 59

☐ Yes ☐ No Coughing? 60

☐ Yes ☐ No Muscle Aches? 59

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.

Position

0.5

180.5

X

Y

Size

631

59

Width

Height

Color

Border

— v

1

Display mode

Edit

Visible

On

Width fit

Off