

DAILY SELF-CHECK

Answer "YES" or "NO" to each item every day

SYMPTOMS:

YES NO

Do you have a fever? (A fever is a temperature of 100.4° F [38.0° C] or greater using an oral thermometer.)

Have you had any of these symptoms in the past 24 hours?

- New Cough
- Sore Throat
- Shortness of breath or trouble breathing
- Headache
- New body aches or muscle pain
- New loss of taste or smell
- New fatigue
- Nausea or vomiting
- Diarrhea

Have you had any of these symptoms in the past 24 hours not related to allergies?

- Runny nose
- Stuffy nose
- Sneezing

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If you have had runny nose, stuffy nose, sneezing in the past 24 hours, is it getting worse?

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EXPOSURES:

Have you traveled outside the state (other than to your personal residence) in the past 14 days?

Have you been in close contact with someone with a confirmed or suspected case of COVID-19 in the past 14 days?

Have you been diagnosed with COVID-19?

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If You Answered Yes to Any of the Above:

Students: Do not leave your room/come to campus, contact the Wellness Center at 724-946-7927 immediately for further instructions.

Employees & Visitors: Do not come to campus. Contact your healthcare provider for further instructions.