

# University of La Verne



## COVID-19 SYMPTOM SCREENING CHECKLIST

**Employees** must answer these questions daily prior to coming to work on campus. Employees who answer yes to any question or who have an oral or forehead temperature of 99.9°F or higher may not come to work, must submit a [Coronavirus Report](#), and notify their supervisor.

**Students** must answer these questions daily prior to coming to campus or leaving their residence hall room. Students who answer yes to any question or have an oral or forehead temperature of 99.9°F or higher may not come to campus or leave their room, and they must submit a [Coronavirus Report](#) and contact [Student Health Services](#).

Yes    No

Have you tested positive for COVID-19 in the last 10 days?

Have you been around anyone that was diagnosed with COVID-19 or likely had COVID-19 in the last 14 days?

Have you been instructed by a medical provider, public health professional, or university personnel that you need to quarantine or isolate in the last 14 days?

Have you felt sick today?

Do you have any of the following symptoms?

- Fever or chills
- Coughing
- Shortness of breath
- Difficulty breathing
- Nasal congestion
- Runny nose
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Nausea or vomiting
- Diarrhea

\_\_\_\_\_ What is your current oral or forehead temperature?

Date: