COVID-19

SELF-ASSESSMENT FORM

Exposure

Have you been within six feet of a person with a lab-confirmed or suspected case of COVID-19, or had direct contact with his/her mucus or saliva in the past 14 days?

☐ **Yes** ☐ **No**

Does this person live with you?

☐ **Yes** ☐ **No**

- If you answered **"YES"** to either of these questions, **DO NOT COME TO SCHOOL.**
- Contact your instructor.

Symptoms

Are you experiencing any of the following symptoms?

- ☐ **Cough, or a NEW cough**
- ☐ **Fever (100° or above)**
- ☐ **Sore Throat**
- ☐ **Headache**
- ☐ **Diarrhea**
- ☐ **NEW shortness of breath or difficulty breathing**
- ☐ **NEW chills**
- ☐ **NEW muscle aches**
- ☐ **NEW loss of taste or smell**

If you are experiencing any of these symptoms;

- Notify your instructor and contact a physician.
- Stay home and **DO NOT COME TO SCHOOL.**
- Remain at home until:
  - You have been fever free for at least 72 hours (That is three full days without fever and without the use of fever-reducing medication).
  - Other symptoms have improved (For example, when your cough or shortness of breath have improved).
- Seek immediate medical care if symptoms become more severe (for example high fever or difficulty breathing).

Severe Symptoms

Are you struggling to breathe or fighting for breath even while inactive or when resting?

☐ **Yes** ☐ **No**

Do you feel as though you might collapse every time you stand or sit up?

☐ **Yes** ☐ **No**

- If you are experiencing any of these severe symptons CALL 911