

# COVID-19

## SELF-ASSESSMENT FORM

(Spring 2021)

### Exposure

1. Have you tested positive for COVID-19 within the past 14 days, or are you waiting for test results?
2. Have you been in contact with someone diagnosed with COVID-19 in the past 14 days?

- 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?

3. Have you experienced a temperature > 100° F in the past three days?
4. Are you experiencing any new chills?
5. Are you experiencing any new cough (new onset or worsening of chronic cough)?
6. Are you experiencing any new shortness of breath or difficulty breathing?
7. Are you experiencing any new fatigue?
8. Have you experienced new muscle or body aches in the past three days?
9. Are you experiencing any new headache?
10. Are you experiencing any new loss of taste or smell?
11. Are you experiencing any new sore throat?
12. Are you experiencing any new congestion or runny nose?
13. Are you experiencing any new nausea or vomiting?
14. Are you experiencing any new diarrhea?

*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).