

**COVID-19
ACTIVE SCREENING QUESTIONNAIRE**

Your health and well-being are of the utmost importance and we are taking measures to keep the college a safe environment for both students, employees, and the public. Therefore, anyone coming into the college dormitory will be screened and part of our screening process will include taking their temperature and asking the following questions.

1. Within the last 14-days, have you experienced a new cough that you cannot attribute to another health condition?

- YES
 NO

2. Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition?

- YES
 NO

3. Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition?

- YES
 NO

4. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?

- YES
 NO

5. Within the last 14-days, have you had a temperature at or above 100.4° or the sense of having a fever?

- YES
 NO

6. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?* (*Note: Close contact is defined as within 6 feet for more than 15 consecutive minutes*)

- YES
 NO

If the individual answers YES to any of the questions, they will not be allowed entry, unless and until determined otherwise by a designated College official.

Temperature: _____

Signature: _____

Date: _____