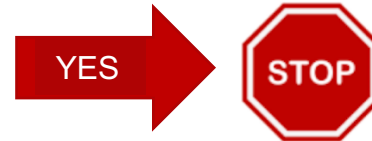


COVID-19 Screening Questions

Anyone who answers “yes” to the following questions will not be allowed on campus.

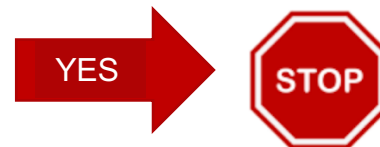
Have you been in close contact with someone who has been diagnosed with COVID-19 in the past 14 days?



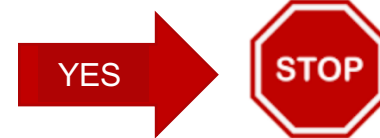
Close contact defined by:

- direct contact within 6 feet for more than 15 minutes with COVID-19
- hug/kiss someone with COVID-19
- shared eating utensils with someone with COVID-19
- cough/sneezed on by someone with COVID-19

Have you had a fever above 100.4 or higher in the last 48 hours?



Have you had any new or unexplained symptoms listed below in the last 48 hours?



- | | |
|---------------------------|-----------------------|
| • fever 100.4 or higher | • nausea/vomiting |
| • cough | • fatigue |
| • chills | • muscle/body aches |
| • shortness of breath | • headache |
| • sore throat | • diarrhea |
| • runny nose / congestion | • loss of taste/smell |

Stay home if...

- You are **feeling sick**
- You have a **sick family member** at home

