

## Daily Pre-Campus Arrival Checklist

Effective immediately, employees are required to complete the health checklist daily. Select the appropriate answer to each question.

### SYMPTOMS

Have you felt sick or feverish in the past 24 hours?  No  Yes

Do you have a temperature at or above 100.4 degrees?  No  Yes

Have you had ANY of these symptoms in the past 24 hours?  No  Yes

- New Cough
- Sore Throat
- Shortness of breath or trouble breathing
- Unusual Headache
- New body aches or muscle pain
- New loss of taste or smell

Have you had any of these symptoms in the past 24 hours not related to allergies?  No  Yes

- Runny nose
- Stuffy nose
- Sneezing

If you have had runny nose, stuffy nose, sneezing in the past 24 hours, is it getting worse?  No  Yes

### EXPOSURES

Have you traveled outside the state in the past 14 days?  No  Yes

Have you been in close contact with someone with a confirmed or suspected case of COVID-19 in the past 14 days?  No  Yes

Have you been diagnosed with COVID-19?  No  Yes

Today's date *(Type mm/dd/yy or use date picker dropdown)*

### WHAT TO DO NEXT?

If you answered **NO** to **ALL** of the checklist questions, report to work.

If you answered **YES** to **ANY** of the checklist questions, call Human Resources at 708.293.4608