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.

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 symptoms, call 911. DO NOT COME TO SCHOOL.

Symptoms
Are you experiencing any of the following symptoms?

☐ Cough
☐ Fever (100° or above)
☐ NEW cough
☐ NEW shortness of breath or difficulty breathing
☐ NEW chills
☐ NEW muscle aches
☐ Sore throat
☐ Headache
☐ Diarrhea
☐ 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).

This applies regardless of whether you have been tested for COVID-19.