Coronavirus Screening Questionnaire

Name: _____ MUID (if applicable): _____ Date/Time: _____

Address:_____

Phone #: _____

Risk Assessment: Initial screening questions are to be completed the day prior to appointment and reviewed for any changes upon arrival to the appointment. Your tour may be delayed or rescheduled if the University Environmental Health and Safety department determines there is a risk, or if the form is not completed.

	Do you have any of the following symptoms?	Yes	No
1.	• Fever > 100.4°F or subjective fever		
	• Cough		
	• Shortness of breath/breathing difficulties		
	• Loss of taste or smell		
	• Other symptoms such as muscle aches, fatigue, headache, sore throat, runny nose, diarrhea, lethargy.		
2.	Have you traveled internationally in the last 14 days? ***If yes, please indicate where you traveled:**		
3.	Have you had close contact (face-to-face contact within 6 feet) with someone who is ill with a cough and/or fever who has traveled internationally within 14 days prior to their illness onset?		
4.	Have you been in contact in the last 14 days with someone that has a confirmed case of COVID-19?		
5.	Have you had laboratory exposure while working directly with specimens known to contain COVID-19?		
6.	Have you traveled on a cruise ship within the last 14 days?		
7.	Have you traveled in the last 14 days domestically (USA) to areas known to have confirmed cases of COVID-19 (i.e. "hot spots")? ***If yes, please indicate where you traveled:**		
8.	Have you traveled in the New York City/Metro area in the last 14 days?		

Temperature (self-reported): _____ Date of symptom(s) onset: _____

Date: _____ Time: _____ ☐ AM ☐ PM

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To be completed by staff on arrival.
Date of arrival to appointment:_____

Temperature taken upon arrival at Welcome Center: _____

Any reported changes to initial screening questions: _____ Date:

_____ Time: _____ ☐ AM ☐ PM

Name of person taking temperature/reviewing screening questions:_____