



Coronavirus Disease (COVID-19) Health Screening

Date: _____ Time: _____

Name: (Please Print) _____

Are you a (Check One): ☐ Student ☐ Prospective Student/Visitor ☐ Employee ☐ Workforce Trainee
☐ Other (Please state purpose for visit): _____

In the past 24-hours, have you experienced:

Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New cough or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath or difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore Throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle or body aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New loss of smell or taste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestion or runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No

These are the most common symptoms as stated by the Centers for Disease Control

Temperature Reading : _____

If any answers are “yes” to any of the symptoms listed above, or the person’s temperature is 100.4°F or higher, advise them to leave the campus or return to housing, as appropriate. Follow our pandemic plan reporting procedures.

In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19? ☐ Yes ☐ No

If answered yes to question 1, please advise the person to leave campus and self-quarantine for 14 days or follow SAU Tech’s pandemic plan reporting procedures for students and employees.

Printed Name and Signature of Screener:

Print Name

Sign Name

All Health Assessment Forms are sent to Shelley Young daily.