

# CVCC Covid-19 Spring 2021

## Symptom Self-Check

*This checklist is to be used as a reference for individual daily health screening before coming to campus.*

**Symptoms** - Employees/students should assess themselves for symptoms of COVID-19 **before** reporting to work/school. Employees/students should ask themselves, "YES or NO since my last day of work/school, have I had any of the following:"

|    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 1. | A new fever (100.4°F or higher) or a sense of having a fever?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | A new cough that cannot be attributed to another health condition?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | New shortness of breath that cannot be attributed to another health condition?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | New chills that cannot be attributed to another health condition?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | A new sore throat that cannot be attributed to another health condition?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. | New muscle aches (myalgia) that cannot be attributed to another health condition or specific activity (such as physical exercise)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. | A new loss of taste or smell?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**Exposure** - Employees/students should assess themselves for exposure to COVID-19 before reporting to work/school. Employees/students should ask themselves, "YES or NO, have I had the following:"

|    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 1. | A positive test for the virus that causes COVID-19 disease within the past 10 days?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | Close contact (Being within 6 feet for a total of 15 minutes or more over a 24 hour period or having direct exposure to respiratory secretions) with someone with suspected or confirmed Covid-19 in the past 14 days? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**If an employee/student answers "YES"** to any of the screening questions before reporting to work/school, the employee/student should **stay home and not report to work/school** and notify their supervisor/instructor.

Source: Virginia Department of Health (December 9, 2020)