

SELF-SCREENING GUIDE FOR IDEA STUDENTS AND STAFF

▶ 1. Do you have any of the following new or worsening symptoms or signs? *

FEVER (100.4°F) OR CHILLS



YES NO

COUGH



YES NO

DECREASE OR LOSS OF TASTE OR SMELL



YES NO

NAUSEA, VOMITING OR DIARRHEA



YES NO

RUNNY OR STUFFY NOSE



YES NO

SORE THROAT OR TROUBLE SWALLOWING



YES NO

DIFFICULTY BREATHING OR SHORTNESS OF BREATH



YES NO

NOT FEELING WELL, EXTREME TIREDNESS OR SORE MUSCLES

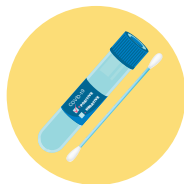


YES NO

If “YES” to any symptom:



STAY HOME & SELF-ISOLATE



GET RAPID TESTED

OR



CONTACT A HEALTH CARE PROVIDER

* If you have an existing health condition that gives you the symptoms you should not answer YES, unless the symptom is new, different or getting worse. Look for changes from your normal symptoms.

▶ 2. Does anyone in your household have one or more of the above symptoms? YES NO

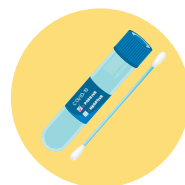
▶ 3. Has anyone in your household traveled outside of the United States in the past 14 days? YES NO

▶ 4. Have you been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate? YES NO

If “YES” to questions 2, 3, or 4:



STAY HOME & SELF-ISOLATE



GET RAPID TESTED



NOTIFY YOUR CAMPUS **

** When you notify your campus, you will receive information on when you can return to campus.