

COVID-19 Participant Questionnaire

Participant Name: _____ **Date:** _____

Participants should be advised during the screening process: "If at any time you start having any of the symptoms listed here, notify your instructor and remove yourself from the class."

Question	YES	NO
Measure temperature: do they have a fever? Temperature reading _____		
Do you have a recent/new onset cough (not related to allergy or COPD)?		
Do you have a recent/new onset shortness of breath (not related to chronic disease)?		
Do you have a recent/new onset diarrhea and/or fever?		
Do you have Chills and/or repeated shaking with chills?		
Do you have muscle pain not associated with an injury or on-going chronic condition?		
Do you have a headache?		
Do you have a sore throat?		
Do you have a new/recent loss of taste or smell?		
Are you living with someone who has tested positive for COVID-19?		
Have you been in contact with an individual who has tested positive for COVID-19?		
Have you traveled in the last 14 days by enclosed conveyance including commercial aircraft, rail, bus, or other mode of transport, or participated in a gathering of ten (10) or more with the general public present and NO social distancing observed?		

If the lab participant answers "No" to all of the questions:

Allow entry

If the lab participant answers "Yes" to any of the questions:

Faculty or administration should make the decision to admit the participant or deny entry and refer them to medical evaluation or testing based on that **institution's established policy**.

Participants experiencing immediate onset: trouble breathing, persistent chest pressure or pain, Cyanosis (bluish discoloration of skin) of face or lips, or new confusion or lethargy should seek emergency medical attention immediately.