NICOLET COLLEGE
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COVID-19 Health Screening Questionnaire

YES	NO	QUESTION
		Symptom Review
		1. In the last 14 days have you had a fever greater than 100° F?
		2. In the last 14 days have you had symptoms of a lower respiratory illness? (Cough, sore throat, shortness of breath, difficulty breathing)
		Exposure Review
		3. Have you been exposed or potentially exposed to COVID-19 at a known facility?
		4. Have you been exposed or potentially exposed to COVID-19 at your place of employment?
		5. Do you have members of your household or close family members with confirmed or suspected COVID-19?
		Travel Review
		6. In the last 14 days have you traveled outside the State of Wisconsin? If yes, where? _____
		7. Have you worked at or visited a health care facility in the past 14 days?
		8. Have you had close contact with an individual who has been ill and tested positive for any communicable diseases, such as influenza or coronavirus, within the past 14 days?
		9. Know exposure Information: Date of exposure: _____ Summary of occurrence: _____ _____

I acknowledge that the information that I have provided on this form is true and accurate to the best of my knowledge and belief.

Name: _____ Date: _____

Signature: _____

Cleared for participation Yes ☐ No ☐ Coordinator: _____

Source: Centers for Disease Control and Prevention “Criteria to Guide Evaluation of PUI for COVID-19”

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After reading page 1 of this document, are there any changes to your Symptoms, Exposure and Travel status related to COVID-19? If Yes, please explain below:

Name: _____ Date: _____

Signature: _____

Are there changes to your Symptoms, Exposure and Travel status? Yes ☐ No ☐

Name: _____ Date: _____

Signature: _____

Are there changes to your Symptoms, Exposure and Travel status? Yes ☐ No ☐

Name: _____ Date: _____

Signature: _____

Are there changes to your Symptoms, Exposure and Travel status? Yes ☐ No ☐

Name: _____ Date: _____

Signature: _____

Are there changes to your Symptoms, Exposure and Travel status? Yes ☐ No ☐

Note the date and any changes to your status here:

_____

_____

_____

Source: Centers for Disease Control and Prevention “Criteria to Guide Evaluation of PUI for COVID-19”