

USU Employee COVID-19 Screening Questionnaire

Confidential

The safety of our faculty, staff and students is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following CDC and local health authorities' guidance.

To help us prevent the spread of the coronavirus and reduce the potential risk of exposure to our campus locations, please respond to each of the following questions truthfully and to the best of your ability to determine if you work on site. Thank you for helping us take precautionary measures to protect you and our campus community.

1.	Have you had any signs or symptoms of a fever in the past 72 hours such as chills, sweats, felt "feverish" or had a temperature that was 100.4 or greater (assumes no use of fever reducing medicine during the last 72 hours)?	Yes*	No
2.	In the last 14 days have you had any of these symptoms that are not attributable to another condition?	Yes*	No
	<ul style="list-style-type: none"> • Cough • Shortness of breath or difficulty breathing • Head or body aches • Sore throat • Recent loss of sense of smell or taste • Congestion or runny nose • Nausea or vomiting • Diarrhea • Fatigue 		
3.	If you have experienced any of the symptoms in box 1. or 2. Above, have your symptoms improved?	Yes	No*
4.	If you have experienced symptoms listed in box 2., has it been at least 10 days since your symptoms first appeared?	Yes	No*
5.	In the past 14 days, have you been in close contact (i.e., less than 6 ft for 10 minutes or more) to anyone who was experiencing any of the above symptoms or has experienced any of the symptoms since your contact?	Yes*	No
6.	In the past 14 days, have you been in close contact (i.e., less than 6 ft for 10 minutes or more) to anyone who has tested positive for COVID-19?	Yes*	No
7.	Have you been tested for COVID-19 and are waiting to receive test results?*	Yes*	No

Supervisors should make a daily visual inspection of their employees working on campus where feasible for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), persistent cough, headache, or fatigue. If an employee is symptom free, has normal temperature (if required to test), has not had fever reducing medicine in the last 6-8

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hours, and visually looks well, the supervisor can permit the employee to stay and work. If a supervisor sends an employee home because of COVID-19 symptoms, the supervisor should document the reason in an email, memo, or note.

*The employee should not return to work or, if already working onsite, return home until [discontinuance of isolation criteria](#) are met and/or seek medical treatment if the symptoms are of concern.

**If you have been tested for COVID-19 and are waiting to receive test results, please complete the [COVID-19 questionnaire](#).