COVID-19 Screening for Magnet/IB Information Night Attendees

Name _____ Date _____

Attendees: Please complete this self-assessment before attending the Magnet/IB Information Night on either October 5 or October 21. All attendees must wear a face-covering upon arrival to campus, regardless of vaccination status.

Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection and may put you at risk for spreading illness to others. Please note that this list does not include all possible symptoms and individuals with COVID-19 may experience any, all, or none of these symptoms. **Please check yourself daily for these symptoms:**

❑ Fever	❑ Cough
❑ Chills	❑ Shortness of Breath
❑ Shivers (repeated shaking with chills)	❑ Difficulty Breathing
❑ Muscle or body aches	❑ New loss of smell
❑ Headache	❑ New loss of taste
❑ Sore Throat	❑ Diarrhea
❑ Nausea or vomiting	❑ Fatigue
❑ Congestion or runny nose	

If any of these symptoms are checked off and not otherwise explained, please stay home.

<u>You do not need to turn in this form</u>.

Section 2: Close Contact/Potential Exposure

Please verify if:
☐ You have had close contact (within 6 feet of an infected person for at least 15 minutes total within a 24-hour period) with a person with confirmed COVID-19.
☐ Someone in your household is diagnosed with COVID-19.

Section 3: Household Member Awaiting Test Result

Please verify if:
- ❑ Someone in your household is currently awaiting a COVID-19 test result due to illness

If the above box is checked, contact your health provider for recommendations, which may depend on your vaccination status. Please note that current health department guidelines indicate that someone who is a contact of a close contact does not need to quarantine.

Contact your healthcare provider or your local health department for further guidance.