

COVID-19 Participant Questionnaire

Participant Name:

Date:

Participants should also 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."

Questions	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?		
Do you have a recent/new onset fever?		
Do you have chills and/or repeated shaking with chills?		
Do you have muscle pain not associated with an injury or ongoing 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 that is quarantined or furloughed because COVID-19?		
Have you been in contact with an individual who 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.