



*This assessment should be completed daily before participating in any college classes and activities.*

Name (print legibly) \_\_\_\_\_ Date \_\_\_\_\_

- 1) What is your temperature today? \_\_\_\_\_
- 2) Have you had a fever or felt feverish in the past 24 hours?  Yes  No
- 3) Have you had any of these GI symptoms in the past 24 hours? If yes, check the ones you've had.  Yes  No
  - \_\_\_\_ Nausea
  - \_\_\_\_ Vomiting
  - \_\_\_\_ Diarrhea
- 4) Have you had any of these symptoms in the past 24 hours, not related to new exercise or activity? If yes, check the ones you've had.  Yes  No
  - \_\_\_\_ New Body Aches
  - \_\_\_\_ Muscle Pain
- 5) Have you had any of these symptoms in the past 24 hours? If yes, check the ones you've had.  Yes  No
  - \_\_\_\_ New Cough
  - \_\_\_\_ Sore Throat
  - \_\_\_\_ Shortness of Breath or Trouble Breathing
  - \_\_\_\_ Headache
  - \_\_\_\_ New Loss of Taste or Smell
- 6) Have you had any of these symptoms in the past 24 hours, not related to allergies? If yes, check the ones you've had.  Yes  No
  - \_\_\_\_ Runny Nose
  - \_\_\_\_ Stuffy Nose
  - \_\_\_\_ Sneezing
- 7) In the past 14 days, have you had contact with any of the following:  Yes  No
 

If yes, check the ones that apply.

  - \_\_\_\_ Someone with a confirmed diagnosis of COVID-19
  - \_\_\_\_ Someone with a positive test result for COVID-19
  - \_\_\_\_ Someone who has been tested for or is under investigation for COVID-19

**If you have answered “Yes” to any of the above questions, please contact the Barton College COVID-19 hotline at (252) 668-0858 for nurse advice before attending college classes and activities.** The Barton College COVID-19 nurse advice line is available daily 8 a.m. to 6 p.m. If we are on the line with another patient or it is after hours, please leave a voicemail message with your name and phone number. Your message will be returned as quickly as possible. If you have not received a return call before your class or activity begins, please remain in your room until you have spoken with the nurse. **If you are experiencing life threatening symptoms such as chest pain or difficulty breathing, please call 911.**

Reviewed by (staff name and signature) \_\_\_\_\_ Date \_\_\_\_\_