



COVID-19 Health Screening Questionnaire for Students and Visitors

The safety of Civicorps staff, students, Corpsmembers and their families is the highest priority. The Centers for Disease Control and Prevention (CDC) and state/local health authorities have acknowledged community spread of COVID-19 and issued attendant precautions.

To reduce the potential risk of exposure to our community, we are conducting a simple screening questionnaire. Your participation is important to help us protect you and everyone in this building. Thank you for your time and participation.

Date:	
Student or Visitor's Name:	Phone Number: (Mobile/Home)

1	Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do you live in the same household with, or have you had close contact* in the past 14 days with someone who has been in isolation for COVID-19 or had a test confirming they have the virus? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you had any one or more of these symptoms today or within the past 24 hours, which is new or not explained by a reason other than possibly having COVID-19? <ul style="list-style-type: none">• Fever, Chills, or Repeated Shaking/Shivering• Cough• Shortness of Breath, Difficulty Breathing• Sore Throat• Feeling Unusually Weak or Fatigued• Loss of Taste or Smell• Muscle pain• Runny or congested nose• Diarrhea• Nausea and vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No

“Close contact” is defined as living in the same house, being an intimate partner, being a caregiver, or being within 6 feet of an individual for longer than 15 minutes who has COVID-19.

If the answer is “yes” to any of the questions, access to the facility will be denied.

Civicorps will make alternate arrangements to provide services to individuals denied access pursuant to this questionnaire.