Employee Return to Work / Self-Monitoring Questionnaire

Employees should answer "No" to the following questions prior to reporting to work on campus.

| a) | Do you have a fever (what is your temperature at last check)? |
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| b) | Do you have a cough? |
| c) | Are you having difficulty breathing? |
| d) | Do you have any underlying medical conditions such as COPD, asthma, etc.? |
| e) | Are you having chills or repeated shaking with chills? |
| f) | Do you have a headache? |
| g) | Are you having muscle pain? |
| h) | Do you have a sore throat? |
| i) | Have you lost your sense of taste or smell? |
| j) | Have you recently had close contact with a person with COVID-19? |
| k) | Have you been diagnosed with COVID-19 or awaiting test results? |
| l) | Have you traveled to known "hot spots" in state or out of state? |
| m) | Have you traveled outside of the country in the past 14 days? |
| , | Have you been in contact with anyone who has traveled to domestic "hot" or out of the country? |

A "yes" answer does not necessarily mean that the employee cannot return to work. Of course, multiple "yes" answers would suggest there may be a health concern that needs to be addressed. Also, "yes" answers to questions j – n would need to be further discussed before allowing an employee to return to work on campus. Any questions should be referred to the human resources department.