

NASSAU COMMUNITY COLLEGE

STUDENT DAILY COVID-19 SCREENING FORM

NAME: _____

DATE: _____

PHONE NUMBER: _____

EMAIL: _____

LOCATION VISITING ON CAMPUS: _____

Please print and complete this form prior to coming to Campus. In conducting the self-screen, students must answer the following five (5) questions:

Please check YES or NO as applicable for each of the five (5) questions below:	YES	NO
1. Do you have a temperature of 100 degrees Fahrenheit or higher?		
2. In the past 14 days, have you knowingly been in close contact with anyone who has tested positive for COVID-19 or has symptoms of COVID-19?		
3. In the past 14 days, have you tested positive for COVID-19?		
4. Do you have today, or have you had in the past 14 days any one or more of the following symptoms: <ul style="list-style-type: none">▪ Fever or Chills▪ Cough▪ Diarrhea▪ Shortness of breath or difficulty breathing▪ Fatigue▪ Muscle pain or body aches▪ Headache▪ Sore throat▪ New loss of taste or smell▪ Congestion or runny nose▪ Nausea		
5. Have you traveled outside of New York within the last 14 days? * Answer "YES" if the location you traveled to is on the Travel Advisory List or you have traveled internationally. If answered "YES" please indicate the location: _____ *See information described in the "Travel Advisory" section of the accompanying email. If the state you traveled to is listed or if you traveled internationally then you must check off "YES" for this question and contact Marie at IDP@ncc.edu .		

If you checked any box with "YES":

- Do **NOT** come to the Campus. Stay home and contact your healthcare provider if you have answered "yes" to any of the above questions 1 through 4. If you answered "YES" to question 5 follow the instructions above.
- Notify Marie at IDP@ncc.edu that you will not be able to make your class.
- Follow the CDC's What to Do If You are Sick Guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If all boxes are marked "NO": Submit this completed form to the instructor upon your arrival.

I affirm and certify that all of the information and answers to the questions herein are accurate to the best of my knowledge and belief.

Name of Student

Date