MARICOPA
COMMUNITY COLLEGES

COVID-19 SELF- SCREENING ASSESSMENT

The safety of our Students and Employees is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are requiring everyone to ask themselves these questions daily prior to arriving at the workplace. Please **do not enter** the workplace if you answer "Yes" to any question 1-4: contact your supervisor, follow CDC guidelines and submit the appropriate Online Reporting Form immediately. **Please respond to each of the following questions, truthfully, commonsensically and to the best of your ability.** Your participation is important to help us take precautionary measures to protect you and the other employees and students.

	Representations
1	Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (***Please take your temperature before you answer this question.)*** Yes ☐ No ☐ Fever (100.4° F/37.8° C measured by a thermometer) Yes ☐ No ☐ Cough Yes ☐ No ☐ Shortness of breath or difficulty breathing Yes ☐ No ☐ Sore throat Yes ☐ No ☐ New loss of taste or smell Yes ☐ No ☐ Chills Yes ☐ No ☐ Head or muscle aches Yes ☐ No ☐ Nausea, diarrhea, vomiting, new GI symptoms Yes ☐ No ☐ Runny nose, or new sinus congestion
2	In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact? Yes ☐ No☐
3	In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19? Yes ☐ No☐
4	In the past 14 days, have you tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms? Yes ☐ No☐
5	Is there any reason why you feel you are at higher risk of contracting COVID-19? If yes, contact your supervisor for possible work solutions. 65 or older ☐ Diabetes ☐ Chronic Lung Disease ☐ Liver Disease ☐ Serious Heart Condition ☐ Kidney Disease (Dialysis) ☐ Severe Obesity ☐ Autoimmune Disease ☐