COVID-19 STUDENT SCREENING FORM

IF YOU DO NOT FEEL WELL AND HEALTHY, DO NOT VISIT CAMPUS. PLEASE STAY HOME!
ALL STUDENTS ARE REQUIRED TO SUBMIT THIS FORM UPON ARRIVAL TO CAMPUS.

Facemasks are mandatory on campus and will be provided if you do not have your own.

- Do you have any of the following COVID-19 Symptoms:
  - Cough/Sore Throat
    - YES ☐
    - NO ☐
  - Congestion/Runny Nose
    - YES ☐
    - NO ☐
  - Shortness of breath or difficulty breathing
    - YES ☐
    - NO ☐
  - Fever /Chills
    - YES ☐
    - NO ☐
    (CDC considers a person to have a fever when he or she has a measured temperature of 100.4oF or greater, feels warm to the touch, or gives a history of feeling feverish)
  - Headache
    - YES ☐
    - NO ☐
  - Muscle & body aches/Fatigue
    - YES ☐
    - NO ☐
  - New loss of taste or smell
    - YES ☐
    - NO ☐
  - Gastrointestinal symptoms like nausea, vomiting, or diarrhea
    - YES ☐
    - NO ☐

- Have you been in contact with someone in the past 14 days with suspected or confirmed COVID-19?
  - YES ☐
  - NO ☐

I, ________________________________, attest that the reported and recorded information is true at the time of documentation and understand that this information is collected for the health, wellness and safety of myself, fellow students, and instructors during the current state of emergency issued by Virginia Governor Northam due to the COVID-19 virus. Furthermore, I understand that this information will be kept in my student course file and kept confidential according to college policy and current applicable COV statues.

I agree to the following conditions to attend class:
1. I will not come to class sick or stay if I feel sick, regardless of symptoms.
2. I will not come to class if I have been exposed to someone with COVID-19 or traveled to an area with high incidence of COVID-19. I will quarantine per CDC guidelines. I will not come back to class until I have quarantined for a minimum of 14 days. I will contact my instructor so that he/she is aware and may make instructional accommodations if appropriate, until I return to class.
3. If after attending class, I find out that I was exposed to someone with COVID-19 outside of class, I will contact my instructor immediately.
4. If I am diagnosed with COVID-19, I will not come to class. If I recently attended class, I will advise my instructor immediately of my diagnosis. I will stay in touch with my instructor as I am able. I will not return to class until a doctor/health professional verifies I have fully recovered, or I am 14-days post-diagnosis and symptom-free.
5. I will practice social/physical distancing and will not congregate before, during and after class.
6. I will wear a protective face covering (mask) to all in-person classes. Other Personal Protective Equipment (PPE) may be required by the College or by the instructor. Failure to wear a face covering and required PPE while on campus may result in being asked to leave as well as possible dismissal from class.
7. I will be prepared if this in-person class is moved online. In the event of a new outbreak or change in state guidelines, I understand it is possible my class may be moved online, fully or partially.

_________________________        __________________________
Student Signature                  Date

_________________________        __________________________
Instructor Signature               Instructor Printed Name