



**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:** YES  NO

Fever or chills (measured temperature of 100.4 °F [38 °C] or greater, warm to the touch, or history of feeling feverish) \* Cough \* Shortness of breath or difficulty breathing \* Fatigue \* Muscle or body aches \* Headache \* New loss of taste or smell \* Sore throat \* Congestion or runny nose \* Nausea or vomiting \* Diarrhea

- **Have you been in close contact with someone in the past 14 days with suspected or confirmed COVID-19? DSLCC uses the Center for Disease Control (CDC) definition of close contact: “Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.”**

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 10 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 10-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