Barry University

COVID-19 Daily Symptom Self-Check Tool

Please review the following questions prior to arrival. If you reply YES to any question below, you are required to STAY HOME and follow the instructions below.

Instructions	
Visitors Call Personal Health Care Provider	**Students, Faculty or Staff experiencing any symptoms, had an exposure to COVID-19 or tested positive for COVID must complete the:** **COVID-19 Initial Notification Form** **NOTE: If you have recently tested for COVID-19 and are awaiting test results, STAY HOME until results are received.**

Questionnaire:

Do you have a fever (temperature over 100.3F) without having taken any fever reducing medications?
□ Yes □ No
Please check temperature: _____

Please indicate any symptoms below that you are currently experiencing, or you have experienced within the past 14 days.

New Loss of Taste or Smell □ Yes □ No	**Cough** □ Yes □ No	**Headache** □ Yes □ No
Muscle or Body Aches □ Yes □ No	**Shortness of Breath or Difficulty Breathing** □ Yes □ No	**Nausea or Vomiting** □ Yes □ No
Sore Throat □ Yes □ No	**Chills** □ Yes □ No	**Rash on Toes** □ Yes □ No
Congestion or Runny Nose □ Yes □ No	**Fatigue** □ Yes □ No	**Diarrhea** □ Yes □ No

Is anyone in your household experiencing any of the above-listed symptoms?
□ Yes □ No

Have you, or anyone you have been in close contact with, been diagnosed with COVID-19, or been placed in quarantine for possible contact with COVID-19 within in the past 14 days?
□ Yes □ No

Have you traveled internationally in the past 14 days? □ Yes □ No

If yes, please list the location, and mode of travel. (Car, Plane, Cruise Ship, Bus)

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*This tool is for personal use and does not need to be submitted