



# Novel Coronavirus (COVID-19) Safety Questionnaire

Mount St. Mary's University is making every effort to ensure the safety and well-being of our students, employees and visitors during this pandemic. We ask your cooperation by completing this short questionnaire.

The information in this questionnaire will be used and disclosed solely for the purposes of determining your safety and the safety of others during the COVID-19 pandemic.

Please ensure at all times that you are following protocols for hand hygiene and social distancing and also remember to clean your keys, phone, computers and other personal items frequently.

The questionnaire intends to identify **NEW** symptoms or **worsening** of symptoms that could be related to this pandemic. Symptoms related to preexisting conditions or allergies are excluded from this questionnaire.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Risk Assessment: Screening Questions:**

<b>1. Do you have any of the following symptoms which are new or have worsened:</b>		
<b>Fever?</b>	<b>YES</b>	<b>NO</b>
<b>Cough?</b>	<b>YES</b>	<b>NO</b>
<b>Shortness of Breath/Difficulty Breathing?</b>	<b>YES</b>	<b>NO</b>
<b>Runny Nose?</b>	<b>YES</b>	<b>NO</b>
<b>Chills/Shaking?</b>	<b>YES</b>	<b>NO</b>
<b>Muscle Pain?</b>	<b>YES</b>	<b>NO</b>
<b>Headache?</b>	<b>YES</b>	<b>NO</b>
<b>Fatigue?</b>	<b>YES</b>	<b>NO</b>
<b>Sore Throat?</b>	<b>YES</b>	<b>NO</b>
<b>New Loss of Taste or Smell?</b>	<b>YES</b>	<b>NO</b>
<b>Pneumonia?</b>	<b>YES</b>	<b>NO</b>
<b>2. Did you have close contact with someone who has a probable or confirmed case of COVID-19?</b>	<b>YES</b>	<b>NO</b>
<b>3. Did you have close contact with a person who had acute respiratory illness that started within 14 days of their close contact with someone who has a probable or confirmed case of COVID-19?</b>	<b>YES</b>	<b>NO</b>

If you answer "YES" to any of the above, you will not be permitted to proceed at this time and you must self-isolate. If you answer "NO" to all of the above, you can proceed.