

# COVID-19

## COVID-19 SYMPTOM-CHECKER

Please review the following questions. If you answer "Yes" to any of the questions, please do not report to class or work. Students should contact the **Health Center** (434-947-8130) and employees should contact their supervisor or the **Office of Human Resources**. If you have any questions about this form, please contact [rbryant@randolphcollege.edu](mailto:rbryant@randolphcollege.edu). This form should be reviewed every day, but you do not need to submit copies of the form.

**According to the U.S. Centers for Disease Control and Prevention and the World Health Organization, COVID-19 Symptoms include:**

- Fever or chills
- 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

1) Are you experiencing any of the Covid-19 related symptoms noted above that you CANNOT attribute to a known cause? (e.g. you have a cough, but know that it is related to your allergies; or body aches, but know they are related to excessive yardwork).

- Yes  
 No

2) Are you living with or caring for an individual who is a suspected or confirmed case of COVID-19?

- Yes  
 No

3) Have you been in contact with anyone known or suspected to have COVID-19 in the last 14 days?

- Yes  
 No

4) Have you tested positive for COVID-19?

- Yes  
 No



RANDOLPH  
COLLEGE