

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. 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



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