Daily Health Screening Assessment and Attestation
COVID-19 Questionnaire

*Instructions: Please complete the following questionnaire by answering "No" or "Yes" to **EACH** question and signing and dating. This form is required to be completed on a daily basis by all individuals seeking entry into a building of Jersey College. Completed forms will be collected at the entry point(s) to the building.*

1. Have you been in close contact in the last 14 days with someone who has symptoms of COVID-19 or has tested positive for COVID-19 (other than in the capacity of an essential worker and provided such care was undertaken using appropriate PPE and following standard health and safety procedures for essential healthcare workers providing COVID-19 care)?

   ☐ No ☐ Yes

2. Is your body temperature 100.4 F or higher? ☐ No ☐ Yes

3. Have you tested positive for COVID-19 in the last 14 days? ☐ No ☐ Yes

4. Have you had any of the following symptoms of COVID-19 in the last 14 days?
   - 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

   ☐ No ☐ Yes

5. Have you traveled within the past 14 days (i) internationally, (ii) via cruise ship, or (iii) to a non-contiguous state from which the campus is located?

   ☐ No ☐ Yes

I agree that all information in this form and provided orally to Jersey College is complete, true and correct. I understand that I may not be allowed to enter a building if I answered Yes to any of the foregoing questions. I further understand that giving false information may result in ineligibility for continued enrollment and may result in termination from Jersey College.

Name (Printed):_____ Tel/Cell: _____

Signature:_____ Email: _____

Date:_____