



Daily Symptom Screening Form Paper Format

This document may be used as a COVID-19 Symptom Screening Tool to assess whether or not an individual should be at a UW-Stevens Point location.

If an individual is experiencing/exhibiting **one** or more of the following, they should not be at a UW-Stevens Point location.

| Question | Yes | No |
|---|-----|----|
| Do you feel feverish? | | |
| Do you have a new or worsening cough not related to an existing condition? | | |
| Do you have a new or worsening shortness of breath or difficulty breathing not related to an existing condition? | | |
| Do you have a new or worsening sore throat not related to an existing condition? | | |
| Do you have a new or worsening headache not related to an existing condition? | | |
| Do you have a new or worsening muscle ache or soreness not related to an existing condition? | | |
| Do you have a new or worsening fatigue not related to an existing condition? | | |
| Do you have a new or worsening nausea or vomiting not related to an existing condition? | | |
| Do you have a new or worsening diarrhea not related to an existing condition? | | |
| Do you have a new or worsening loss of smell or taste not related to an existing condition? | | |
| Have you had close contact (within 6 feet for 15 minutes or more without a face covering) with a person who has been diagnosed or suspected of having COVID-19 within the past 14 days? | | |

- If you answered 'No' to all questions, you may go to a UW-Stevens Point location.
- If you answered 'Yes' to any question, do not go to a UW-Stevens Point location.