

NAME: _____

TODAY'S DATE: _____

CCC COVID-19 SELF SCREENING

To be performed prior to arriving at Coconino College facilities

PLEASE READ EACH QUESTION CAREFULLY	PLEASE CIRCLE THE ANSWER THAT APPLIES	
<p>Have you experienced any of the following symptoms in the past 48 hours:</p> <ul style="list-style-type: none"> • 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 	YES	NO
<p>Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?</p>	YES	NO
<p>Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?</p>	YES	NO
<p>Are you currently waiting on the results of a COVID-19 test?</p>	YES	NO

<p>NO to ALL QUESTIONS?</p>	<p>Access to CCC facilities APPROVED. Thank you for helping us protect you and others during this time.</p>
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<p>YES to ANY QUESTION?</p>	<p>Access to CCC facilities NOT APPROVED. CONTACT YOUR SUPERVISOR AND PRIMARY CARE PROVIDER. STAY AT HOME AND AVOID CONTACT WITH OTHERS</p>
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THE SCREENING YOU COMPLETED INDICATES THAT YOU MAY BE AT INCREASED RISK FOR COVID-19

Here are instructions for what to do next

IF YOU ARE NOT FEELING WELL, WE HOPE THAT YOU FEEL BETTER SOON!

1

If you are not already at home, please avoid contact with others and go straight home immediately.

2

Call your primary care provider or for further instructions, including information about COVID-19 testing.

3

Contact your instructor (if you are a student) or your supervisor (if you are an employee) to discuss your options

Before going to a healthcare facility, please call and let them know that you may have an increased risk for COVID-19.

In case of a life-threatening medical emergency, dial 911 immediately!

RETURNING TO CAMPUS



If you have had symptoms consistent with COVID-19 or have tested positive for COVID-19, **DO NOT** physically return to campus until you get a medical evaluation and are approved to return to a college setting by your primary medical provider.

EMPLOYEES Call your supervisor or HR to discuss when to return to work.

Read more about when it is safe to be around others:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>



If you have been in close contact with someone with COVID-19 you should stay home and self-quarantine for 14 days before returning to work. Read more about when you should be in isolation or quarantine at

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html>.



If you are currently isolating or quarantining because of concerns about COVID-19 OR you have a COVID-19 test pending, please contact your primary care provider or the Coconino County Health Department for guidance on testing when you may return to campus: <https://www.coconino.az.gov/covid19>