Daily COVID-19 Symptom Self-Assessment – Printable Copy

All employees, students, contractors, and visitors must complete this daily self-assessment prior to arriving to any MC campus or off-site location. The data is NOT saved, stored or retained by the College. This form is only for individuals who are authorized to be on campus. Do not come to campus unless authorized by the College.

- Complete the form below prior to leaving your home to travel to campus. If you answer YES to any of these symptoms, you are required to STAY HOME. Contact your healthcare provider and your instructor. If you answer NO to all, you may proceed to the campus. **RETAIN THIS PAPER COPY WITH YOU AT ALL TIMES**.
- Anyone self-identifying a health issue SHALL NOT come to campus and is advised to contact a healthcare provider as soon as possible.

First Name *	
Last Name *	
Today's Date*	
Please write your primary campus loca	atio

Enter your primary learning or workspace location (building & office or suite #,

Class). *Example: Science Center 152 = SC152

Please complete this self-assessment. Select all symptoms that you are experiencing. If you are experiencing shortness of breath or difficulty breathing, call 911. If you are experiencing any of these symptoms you should not come to campus today; you should contact your healthcare provider and your supervisor or class instructor. *

- 🗖 Cough
- Fever of 100.4 degrees Fahrenheit / 38 degrees Celsius or higher
- Chills or repeated shaking with chills
- Runny nose or new sinus congestion
- 🗖 Headache
- 🗖 Sorethroat
- 🗖 Fatigue