

we are **HERK**Safe!

HERKIMER COUNTY COMMUNITY COLLEGE DAILY SCREENING CHECKLIST

Going to campus to work or study? You must first complete this checklist:

1. In the past 14 days, have you been in close contact with anyone who has been diagnosed with COVID-19, or been placed in quarantine for possible contact with COVID-19? Yes ____ No ____
2. In the past 14 days, have you travelled internationally or to another county or state with travel advisory restrictions?
Yes ____ No ____
3. Do you have any of the following symptoms that cannot be attributed to another health condition?

Symptom:	YES	NO
Cough		
Fatigue		
Chills		
Congestion or runny nose		
Shortness of breath or difficulty breathing		
Muscle or body aches		
Sore throat		
Nausea or vomiting		
Fever (100.4 or above without having taken any fever reducing medications)		
Headache		
New loss of taste or smell		
Diarrhea		

Please check one of the following: ____ Employee ____ Student ____ Visitor

If visitor, what department or individual are you visiting? _____

YOUR NAME (PLEASE PRINT) _____

EMAIL _____ PHONE: _____

SIGNATURE _____ DATE: _____