Do you have any of the following symptoms or have you experienced any of these symptoms in the last ten days?:

___ Fever of 100.4° or higher
___ Persistent Cough
___ Shortness of Breath
___ Difficulty Breathing
___ Headache
___ Chills
___ Fatigue
___ Sore Throat
___ Muscle or Body Aches
___ Congestion or Runny Nose
___ Diarrhea
___ New Loss of Taste or Smell
___ Nausea or Vomiting

In the last (14) fourteen days have you been in close contact with or cared for someone who exhibited any of the above symptoms (close contact means within less than six feet for more than 15 cumulative minutes), or been in contact with someone who has tested positive for COVID-19, or who has been advised to self-isolate by a medical professional due to COVID-19 reasons?*

Have you recently (in the last 14 days) traveled internationally?

If you answered yes to any of the above questions, please stay home.

If you test positive for COVID-19, please send an email with your name and contact information to: COVID19@waubonsee.edu

If you think you have been exposed to COVID-19 and develop a fever and symptoms of respiratory illness, such as cough or difficulty breathing, call your healthcare provider immediately.

*Individuals in the health care/medical field are exempt from this question.