DAILY SELF ASSESSMENT

1. Do you have ANY of the following symptoms?
   - ☐ Fever (100.0°F or higher)
   - ☐ Cough
   - ☐ Shortness of breath
   - ☐ Difficulty breathing
   - ☐ Nausea or vomiting
   - ☐ Diarrhea
   - ☐ Lack of smell or taste (without congestion)

   Or do either of the situations below apply to you?
   - ☐ In the last two weeks, I cared for, lived with, or had close contact with someone diagnosed with COVID-19.
   - ☐ I have been notified by a health provider/agency that I may have been exposed to COVID-19.

2. Do you have any TWO of the following symptoms:
   - ☐ Sore throat
   - ☐ Chills
   - ☐ Muscle pain
   - ☐ Headache
   - ☐ Congestion or runny nose

   Check here if you answered NO to all questions in box 1 or yes to only ONE question in box 2.
   You may access campus for the day.

   □ Check here if you answered YES to any ONE box in question 1
   or if you answered YES to any TWO boxes in question 2.
   Stay at home.

   Undergraduate Students: Please stay in your room or at home. Call Health Services (daytime hours 484-664-3199) or Campus Safety (nights & weekends 484-664-3112) for further information.

   GCE students: Please stay or return home and contact your healthcare provider.

   Employees: Please stay or return home, contact your healthcare provider, and notify Human Resources (HR@Muhlenberg.edu).

   If you have any of the following life threatening symptoms, call 911: Bluish lips or face; Severe and constant pain or pressure in the chest; Extreme difficulty breathing (gasping for air or cannot talk without catching your breath); Severe and constant dizziness or lightheadedness; Serious disorientation (acting confused); Recent loss of consciousness, Slurred speech (new or worsening); Seizures

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