

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

Fold paper here to show below when asked for results of daily self assessment.

- 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