Thaddeus Stevens College of Technology

LiveSafe

LiveSafe Daily Health Questionnaire

According to the US Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), **COVID-19 symptoms include**:

- Fever or chills
- Cough; Shortness of breath or difficulty breathing
- Fatigue
- Muscle of body aches
- Headache
- New loss of taste or smell
- Sore or scratchy throat
- Congestion or runny nose
- Nausea or vomiting, diarrhea

1. Within the last 14 days have you experienced any new respiratory symptoms, including runny nose, sore throat, cough or shortness of breath that is not related to another health condition?

   ☐ YES ☐ NO

2. Within the last 14 days, have you experienced new muscle aches or chills that are not related to another health condition?

   ☐ YES ☐ NO

3. Within the last 14 days, have you experienced any new change in your sense of smell that is not related to another health condition?

   ☐ YES ☐ NO

4. Within the last 14 days, have you had a temperature at or above 100.4 F or the sense of having a fever?

   ☐ YES ☐ NO

5. Within the last 14 days, have you had close contact with someone who is currently sick with suspected or confirmed COVID-19? *(Close contact is defined as within 6 feet for more than 15 cumulative minutes)*

   ☐ YES ☐ NO

I certify that the information above has been provided to the best of my ability.

NAME: DATE: