



THE CAVALIER COMMITMENT

PERSONAL HEALTH SCREENING

EMPLOYEES, STUDENTS, AND VISITORS ARE EXPECTED TO CONDUCT A PERSONAL HEALTH SCREENING EACH TIME THEY VISIT THE CAMPUS.

You should ask yourself the following questions. If you answer YES to any of the personal health screening items, you are advised to go home, stay away from other people, and contact your health care provider.

Have you had any of the following symptoms since your last day at work or the last time you were here that you cannot attribute to another health condition? Do you have:

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| Fever or feeling feverish? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Chills? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A new cough? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Shortness of breath? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A new sore throat? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| New muscle aches? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| New headache? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| New loss of smell or taste? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |