

## COVID-19 Health Monitoring Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Fairfield ID# (Faculty, Staff, Students only) \_\_\_\_\_

Sponsoring Employee (Visitors only) \_\_\_\_\_

Cell phone # or best phone number to reach you at: \_\_\_\_\_

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**Instructions:** Upon arriving to campus each day, the following health monitoring questionnaire must be completed by employees, students, and invited campus visitors. Completing the questionnaire is not a requirement on days employees or students are not physically present on campus. Employees must keep this record for periodic supervisory review.

**1. Are you experiencing any of these symptoms?** (symptoms which are not attributable to a diagnosed chronic condition)

- |  |                              |
|--|------------------------------|
| • Fever or chills                          | • Headache                   |
| • Cough                                    | • New loss of taste or smell |
| • Shortness of breath/difficulty breathing | • Sore throat                |
| • Fatigue                                  | • Congestion or runny nose   |
| • Muscle or body aches                     | • Nausea or vomiting         |
|  | • Diarrhea                   |

\_\_\_\_ No      \_\_\_\_ Yes

**2. In the past 14 days, have you been in close contact with an infectious individual diagnosed with COVID-19 or have you been advised to quarantine by a Public Health Official?** Close contact is defined as within 6 feet for 10 minutes or longer.

\_\_\_\_ No      \_\_\_\_ Yes

**3. Have you returned from international travel within the past 14 days?**

\_\_\_\_ No      \_\_\_\_ Yes

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**Weekly Dated Responses Record Option:**

Date	Day	My answer to questions 1-3 above is “no” (check box)	My answer to question 1 above is “yes” (check box)	My answer to question 2 above is “yes” (check box)	My answer to question 3 above is “yes” (check box)
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				

**Actions to take for “yes” responses:**

**Employees:** If you answer “yes” to any of the above questions: stay home and call your private Health Care Provider. Notify your supervisor you will be absent. If a Health Care Provider orders a COVID-19 diagnostic viral test and the results are pending or positive, notify your supervisor and Human Resources at 203-254-4000, Ext.4080. If you feel ill during the workday, go home, and follow the steps above. If you cannot go home immediately, a temporary isolation room will be arranged.

**Students:** If you answer “yes” to any of the above questions, isolate yourself in your Residence Hall room or home and call the Student Health Center at 203-254-4000, Ext. 2241 or call your private Health Care Provider. If a Health Care Provider orders a COVID-19 diagnostic viral test and the results are pending or positive, notify the Student Health Center.

**Campus Visitors:** If you answer “yes” to any of the above questions, stay home and contact your private Health Care Provider. If you answer “no” to the above questions, monitor for the identified symptoms. If symptoms develop within 48 hours of visiting campus, seek medical care. If a Health Care Provider orders a COVID-19 diagnostic viral test and the results are pending or positive, notify Fairfield University Public Safety at 203-254-4000, Ext. 4090.