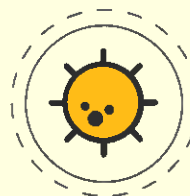


# Daily Self-Screening Questionnaire

How do I feel physically?

Have I recently developed any of these ailments, unrelated to any other health issues I have?

- Cough, newly developed or worsening
- Shortness of breath or difficulty breathing
- Chills or repeated shaking with chills
- Feeling feverish or have fever above 100.4F\*
- Muscle aches
- Abdominal pain
- Runny nose
- Headache
- Sore throat
- Nausea or vomiting
- Recent loss of smell or taste



Could I have been exposed?

- Someone in my household has been diagnosed with COVID-19 or is displaying symptoms
- I know that I have been exposed to someone with COVID-19

\*Employees can pick up 10 disposable thermometers from the NMU Police Department

This questionnaire does not replace the judgment of healthcare professionals.

