COVID – 19 HEALTH SCREENING

In compliance with state and local guidelines for a safe work and learning environment, GRCC is participating in the Kent County Back to Work Safely effort and requiring daily health screenings for anyone coming to the GRCC campus.

NAME_________________________________________ DATE:_____________________

______ GRCC Student / Employee – ID#__________________________

______ GRCC Vendor/Visitor – Company___________________________

<table>
<thead>
<tr>
<th>PRIMARY SYMPTOM CHECK</th>
<th>Please Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a fever greater than 100F/37.8C?</td>
<td>YES NO</td>
</tr>
<tr>
<td>Do you have a severe cough that started or has gotten worse in the last 48 hours?</td>
<td>YES NO</td>
</tr>
<tr>
<td>Do you have shortness of breath that started in the last 48 hours?</td>
<td>YES NO</td>
</tr>
<tr>
<td>Have you been screened by any medical provider for any of the above symptoms in the past 48 Hours?</td>
<td>YES NO</td>
</tr>
<tr>
<td>Have you had a positive Corona Virus test in the past 10 days?</td>
<td>YES NO</td>
</tr>
<tr>
<td>Have you had close contact with a confirmed / probable COVID-19 case?</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

SECONDARY SYMPTOMS

Please select from the following symptoms which have been included as secondary symptoms of COVID-19:

- Muscle aches
- Runny Nose
- Nasal Congestion
- Sore Throat
- Nausea/digestive issues
- Feeling more tired than usual

If you answered YES to any of the primary symptoms, or selected TWO or more of the secondary symptoms, you are not cleared to be on the GRCC campus and should return home.

I am currently not experiencing any COVID-19 related symptoms.

Signature:_________________________________________

For Office Use Only

Date & Time of Campus Visit
Departments & Buildings Visited

Scan this form to vjanowia@grcc.edu and shred/destroy original.