

## **MyMedBot Covid-19 Screening**

1. Do you have a fever of 100.0 F or higher and unexplained chills? / Does either household member have a fever of 100.0° F or higher and/or unexplained chills?

- Yes
- No

2. Do you have any of the following symptoms that cannot be explained; please check all that apply. / Does either household member have any of the following symptoms that cannot be explained; please check all that apply:

- A cough
- Shortness of breath or difficulty breathing?
- Extreme fatigue
- Muscle or body aches
- A headache
- A sore throat
- Loss of smell or taste
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- None of these are true.

3. Please select all that apply; in the last 14 days:

- I have been in close contact with someone who has been diagnosed with covid-19, (within 6 feet or a cumulative total of 15 minutes or more in a 24-hour period).
- I am unvaccinated and HAVE traveled out of state or out of the country and may have been exposed to virus.
- I HAVE traveled outside of the state and quarantined for 7 full days after travel with a negative test 3-5 days upon return OR quarantined for 10 days.
- I am FULLY vaccinated and/or I have NOT traveled out of state or out of the country.

4. I have completed this screening to the best of my ability with information I believe is correct.

- Yes
- No

## **Results:**

### **Flagged**

Please stay home and contact your medical provider.

### **Completed**

You may come to campus. We look forward to seeing you on campus today wearing your mask covering your nose and mouth.