

SDSU COVID-19 Screening Form

Name of Person Conducting Screening: _____ Date: _____

Please do not record the name of the person responding to this screening

Upon arrival and prior to beginning any research activities, each person must undergo the following screening by a designated member of the research group.

Temperature on site (less than 100.0°F):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the temperature is equal to or greater than 100.0°F, ask the researcher to sit and wait with mask on for 15 minutes without consuming food or liquids. Then take a second temperature reading.		
2 nd Temperature on site (less than 100.0°F):	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If a thermometer is not available, each person must be asked the following questions and provide a verbal answer.

In the past 24 hours, have you experienced any new onset of the following symptoms that are not related to a chronic condition:

Fever or chills:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Cough:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Shortness of breath or difficulty breathing:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Fatigue	<input type="checkbox"/> yes	<input type="checkbox"/> no
Loss of sense of taste or smell	<input type="checkbox"/> yes	<input type="checkbox"/> no
Sore throat:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Nausea/vomiting, diarrhea, abdominal pain:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Muscle or body aches:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Congestion or runny nose:	<input type="checkbox"/> yes	<input type="checkbox"/> no

Anyone who has a temperature of **100°F or higher** or answers “**yes**” to any of the symptoms listed above must be sent home immediately and [HR informed](#) that they have been sent home to ensure proper follow-up.

If you have been sent home with one or more of these potential COVID-19 symptoms, you should self-isolate at home and contact your primary care physician’s office for direction. Unless your physician recommends otherwise:

- You should isolate at home for a minimum of 10 days after symptoms **first appear**.
- You must be fever-free for **24 hours** without use of a fever suppressant and see improvement in respiratory symptoms before leaving self-isolation.

In the past 14 days, have you:

Had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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If you answer “yes” to this question, please see the SDSU COVID-19 [Case Alert Protocol](#) and follow the recommendations provided.