

SIERRA COLLEGE COVID-19 PROTOCOL

Student/Staff Health Screening

*This form is to be completed by students and staff
at the beginning of each visit to Sierra College.*

Instructions: On the day of visit complete fields below. By submitting the form, you agree the information you are providing is accurate and truthful.

Student/Staff Information:

Name:	ID #:	
Phone:	Email:	
Date of Visit:	Arrival time:	Expected departure time:
Campus: ROCK NCC TTC ROSE	Building:	Room #:

(circle Campus)

Yes No Reply to each of the questions below:

		Have you been around anyone who has been sick or has been tested for COVID-19 in the last 14 days?
		Have you been in close contact with a confirmed case of COVID-19 within the last 14 days?
		Do you have a COVID-19 test pending?
		Have you had a positive COVID-19 test result within the last 10 days?

Yes No Within the last 24 hours have you experienced any of the following:

		Fever (100.4°F or greater), or the sense of having a fever or chills
		New loss of smell or taste

Yes No Are you experiencing any of the following you cannot attribute to another condition:

		Cough
		Shortness of breath or difficulty breathing
		Fatigue
		Muscle or body aches
		Headache
		Sore throat
		Congestion or running nose
		Nausea or vomiting
		Diarrhea

IF YOU REPLIED "YES" TO ANY OF THE QUESTIONS ABOVE YOU ARE NOT CLEARED TO BE ON CAMPUS. PLEASE STAY HOME OR LEAVE CAMPUS IMMEDIATELY.

- If you are at home, email this completed form OR your symptoms and a contact phone number to: reportcovid@sierracollege.edu**
- If you are on campus, submit this form to your instructor, a staff member, or your supervisor.**

You will be contacted by a Sierra College Contact Trace Team Member within 24 hours. Please do not return to campus until cleared by a Sierra College Contact Trace Team Member. Consider contacting your primary care provider if your symptoms worsen.

Signature: _____ Date: _____