



**Carroll Community College
Campus Check-In Self Declaration Form**

The safety and well-being of our College community is our number one priority. A screening form is to be used every time you are scheduled to come to campus.

Please answer the following questions.

First Name: _____ **Last Name:** _____

Email Address: _____

Current Temperature: _____

Have you had any of the following symptoms in the past 24 hours that cannot be explained by a known condition?: **Yes** **No**

- A temperature reading of 100.4 or above, or feeling feverish
- Chills
- Unexplained Cough
- Shortness of breath or difficulty breathing (seek emergency medical care)
- Fatigue
- Muscle or body aches
- Unexplained Headache
- New loss of taste or smell
- Sore throat
- Unexplained Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Have you had any close contact (defined as more than 15 minutes and less than 6 ft. apart) in the last 14 days with someone with a diagnosis of COVID-19? **Yes** **No**