



Gustavus Employee Self-Assessment Questionnaire

You MUST COMPLETE this Questionnaire each day PRIOR TO COMING TO WORK

During this time of increased risk, we want to make sure that our employees have the safest work environment possible. That starts with making sure people who present an increased risk of infection do not come onto our campus. Therefore, **each day** before you come to campus, we need you to ask yourself each of the questions below.

If you answer **Yes** to any of the questions, **do not** report to campus, and **promptly go online and complete the web-based version of this form: gustavus.edu/screen** (a link can also be found on the [Human Resources](#) and Gustavus [COVID-19 webpages](#)). If you don't have access to a computer, please call Human Resources at 507-933-6310 and leave a message.

1. Are you currently experiencing any of the following symptoms that cannot be attributed to another health condition? ☐ **Yes** ☐ **No**
 - Fever (a temperature 100.4 F or higher) or feel feverish today
 - Chills
 - New cough
 - Shortness of breath or difficulty breathing
 - New sore throat
 - New muscle aches
 - New headache
 - New loss of taste or smell

2. In the past two weeks, **have you** had **close** (*within 6-feet*), **prolonged** (*15 minutes or longer*) contact with someone who has been diagnosed with COVID-19 or has symptoms of COVID-19?
☐ **Yes** ☐ **No**