Health Services
MONROE COMMUNITY COLLEGE

COVID-19 Screening Form

Last Name: _____ First Name: _____ MI: _____

M#: _____ Date of Birth: _____ Age: _____

Cell Phone: _____ Email: _____

Gender: ☐ Male ☐ Female ☐ Student ☐ Employee

Please complete this form to assess your potential exposure / possession of COVID-19 and other illnesses.

Are you currently free from illness? ◯ Yes ◯ No

Do you have: heart disease ◯ Yes ◯ No

lung disease ◯ Yes ◯ No

kidney disease ◯ Yes ◯ No

diabetes ◯ Yes ◯ No

autoimmune disease ◯ Yes ◯ No

During your time away from Monroe Community College, did you experience, or are you currently experiencing any of the following:

Symptoms: *Check all that apply*

☐ Fever ☐ Loss of Smell ☐ Diarrhea ☐ Body Chills ☐ Sore Throat

☐ Upset stomach ☐ Extreme Level of Fatigue ☐ Loss of Taste ☐ Cough

☐ Body / Muscle Aches ☐ Pain/Difficulty Breathing ☐ Shortness of Breath

- 2-14 days prior to experiencing these symptoms, did you experience a suspected exposure to COVID-19?
  ◯ Yes ◯ No
- Have you had any direct contact with anyone who lives in or has visited a place where COVID-19 is spreading and/or is an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?
  ◯ Yes ◯ No
- Have you had any direct contact with someone that has a suspected or lab confirmed case of COVID-19?
  ◯ Yes ◯ No
- During your time away from INSTITUTION, did you self-quarantine due to suspected symptoms or exposure of COVID-19?
  ◯ Yes ◯ No
- During your time away from INSTITUTION, have you been living in, or have visited an area reporting an increased number of COVID-19 cases (i.e. "hot spots")?
  ◯ Yes ◯ No

- Have you previously been or are you currently diagnosed with COVID-19?

  ◯ Yes ◯ No Date of Diagnosis: _____

Do you have medical documentation to support your diagnosis and treatment of COVID-19?

◯ Yes ◯ No

Physician Name: Phone: _____

Physician Address: _____

Please list any countries/states/cities you have traveled to since March 15th, 2020 and the dates you were there:

1. _____ Dates: _____
2. _____ Dates: _____
3. _____ Dates: _____
4. _____ Dates: _____
5. _____ Dates: _____

Signature: _____Date_____