

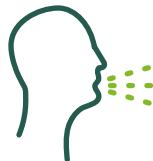
# DAILY COVID-19 SELF SCREENING

be  
COVID-19  
safe

1. Have you recently been in contact with someone diagnosed with COVID-19?
2. Do you have a fever of 100.4°F or above?
3. Do you have a cough?
4. Do you have difficulty breathing?
5. Do you have a sore throat?
6. Do you have muscle aches or body aches?
7. Are you experiencing vomiting or diarrhea?
8. Are you experiencing a new loss of taste or smell?



FEVER



COUGH



SHORTNESS OF BREATH



SORE THROAT



VOMITING OR DIARRHEA

## If you answered NO to ALL of the above questions:

**Students:** Based on your responses, please continue to daily self-monitor, maintain a minimum physical distance of 6 feet, wear a face covering, and practice good hand hygiene. If you develop symptoms, you can use this tool again, contact the Student Health Center at 504-862-8121, or call your healthcare provider.

**Faculty/Staff:** Based on your responses, please continue to daily self-monitor, maintain a minimum physical distance of 6 feet, wear a face covering, and practice good hand hygiene. If you develop symptoms, you can use this tool again, contact the Tulane Living Well clinic at 504-988-4325, or contact your healthcare provider.

## If you answered YES to ANY of the above questions:

**Students:** Based on your self-reported symptoms, you should contact the Student Health Center or your personal healthcare provider for further evaluation. Please call the Student Health Center at 504-862-8121. It is your responsibility to follow up based on your results. Please help keep our community healthy.

**Faculty/Staff:** Based on your self-reported symptoms, you should contact your healthcare provider or the Tulane Living Well Clinic for further evaluation. Please call the Tulane Living Well Clinic at 504-988-4325. It is your responsibility to follow up based on your results. Please help keep our community healthy.