

# COVID-19

## Self-Assessment Form

### Exposure

Have you been within six feet of a person with a lab-confirmed or suspected case of COVID-19 or had direct contact with his/her mucus or saliva in the past 14 days?

Yes  No

Does this person live with you?

Yes  No

If you answered “YES” to either of these questions,  
**DO NOT COME TO CAMPUS.**

### Severe Symptoms

Are you struggling to breathe or fighting for breath even while inactive or when resting?

Yes  No

Do you feel as though you might collapse every time you stand or sit up?

Yes  No

If you are experiencing any of these severe symptoms, call 911.  
**DO NOT COME TO CAMPUS.**

If you marked “YES” to any of the questions or are experiencing any of the symptoms listed, complete the Self-Reporting Form at [www.mclennan.edu/covid](http://www.mclennan.edu/covid).

### Symptoms

Are you experiencing any of the following symptoms?

- Cough
- Fever (100° or above)
- NEW shortness of breath or difficulty breathing
- Fatigue
- NEW chills
- NEW muscle aches
- Sore throat
- Congestion or runny nose
- Headache
- Nausea or vomiting
- Diarrhea
- NEW loss of taste or smell

If you are experiencing any of these symptoms,

- Contact a physician.
- Stay home and DO NOT COME TO CAMPUS.
- Remain at home until:
  - you have been fever free for at least 72 hours (that is three full days without fever and without the use of fever-reducing medication).
  - other symptoms have improved (for example, when your cough or shortness of breath have improved).
- Seek immediate medical care if symptoms become more severe (for example high fever or difficulty breathing).

This applies regardless of whether you have been tested for COVID-19.