COVID-19 Screening Questionnaire

Full name: ______________________________

Banner ID#: ______________________________

ECU email: ______________________________

Contact #: ______________________________

Are you currently experiencing, or have experienced in the last 14 days, any COVID-19 symptoms (see list below)?  Yes ___  No ___

Have you had a known exposure to someone who has COVID-19? Yes ___  No ___

Are you currently awaiting test results for COVID-19? Yes ___  No ___

COVID-19 Symptoms

- Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)
- Shortness of breath or difficulty breathing
- Cough
- Recent Body Aches/ Muscle Pain
- Loss of taste or smell
- Congestion or runny nose
- Sore Throat
- Chills
- Diarrhea
- Vomiting

Please respond to the questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and the other members of the Pirate Nation.