COVID-19 Self-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 a 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.

Temperature Screener: _________________________________

Date: _________________