



RESPOND WITH YES OR NO....

ARE YOU CURRENTLY EXPERIENCING SYMPTOMS AND/OR SIGNS OF ILLNESS ASSOCIATED WITH COVID-19?

[YES or NO]

- Fever or chills _____
- Cough _____
- Shortness of breath or difficulty breathing _____
- Fatigue _____
- Muscle or body aches _____
- Headache _____
- New loss of taste or smell _____
- Sore throat _____
- Congestion or runny nose _____
- Nausea or vomiting _____
- Diarrhea _____

HAVE YOU TRAVELED OUTSIDE THE COUNTRY IN THE PAST 14 DAYS?

HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EXPERIENCED COVID-10 SYMPTOMS IN THE PAST 14 DAYS?

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN DIAGNOSED WITH COVID-19 IN THE PAST 14 DAYS?

IF YOU ANSWERED YES TO ANY OF THE ABOVE, YOU ARE NOT PERMITTED ONTO CAMPUS AT THIS TIME.

If you are an employee and wish to discuss this further, please contact Human Resources at humanresources.covid@merrimack.edu.