

**Faculty/Staff/Students
Screening Questions to Enter the DH Building**

- 1. Do you currently have a confirmed case of COVID-19?**
- 2. Do you have a history of a confirmed case of COVID-19?**
- 3. Have you been in contact with anyone who is sick with and/or confirmed to be COVID-19 positive?**
- 4. Have you traveled outside of Vermont to a high risk area in the US within the past 21 days?**
- 5. Have you traveled outside of the US to a high risk country within the past 21 days?**
- 6. Do you currently reside in a high risk area?**
- 7. Are you currently experiencing or have experienced any of these symptoms that are new to you within the past 14 days or that cannot be attributed to any other health condition?**
 - a. Elevated temperature?**
 - b. Cough and/or sore throat?**
 - c. Fatigue (more than usual)?**
 - d. Shortness of breath or other difficulties breathing?**
 - e. Chest tightness?**
 - f. Gastrointestinal distress, such as nausea and/or diarrhea?**
 - g. Chills and/or repeated shaking with chills?**
 - h. Recent confusion?**
 - i. Recent loss of taste and/or smell?**
 - j. Other flu-like symptoms, such as headache or muscle aches?**