



## MERCY COLLEGE COVID-19 SCREENING QUESTIONNAIRE

The safety of the College community is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following guidance from the Centers for Disease Control and Prevention and local and state health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure, we are asking everyone to complete a daily health self-screening prior to entering campus each day. The primary means for completing the screening is the Mavericks Safe app. Those without access to a cell phone should use this form daily.

**Please respond to each of the following questions truthfully and to the best of your ability.** Your participation is important to help us take precautionary measures to protect you and the College community.

Name: _____		
Student <input type="checkbox"/>	Faculty <input type="checkbox"/>	Staff <input type="checkbox"/>

1	Have you been in close contact – within 6 feet for at least 10 minutes – with anyone while they had COVID-19 or symptoms of COVID-19 during the last 14 days?  Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you tested positive on a COVID-19 diagnostic test in the past 14 days?  Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you experienced any signs or symptoms of COVID-19 – including fever of 100.4 degrees F or greater, new cough, or shortness of breath – in the past 14 days?  Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you visited a state or country with a NYS or U.S. State Department travel or health advisory in the past 14 days?  Yes <input type="checkbox"/> No <input type="checkbox"/>

**If you have answered Yes to any of the above STOP, you may not enter campus. Notify your PACT mentor, Human Resources, or your manager for additional guidance about what to do next and when you may return to campus.**

**I hereby certify that the responses provided above are accurate and honest to the best of my knowledge.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_