



**COLORADO
COLLEGE**

Daily COVID-19 Self-Assessment

Name: _____

Date: ____ / ____

NO	YES	Did you either test positive or are you still awaiting results from your most recent COVID-19 test?
NO	YES	Have you been in contact with someone diagnosed with COVID-19 in the past 14 days?
NO	YES	Are you experiencing any new cough (new onset or worsening of chronic cough)?
NO	YES	Are you experiencing any new shortness of breath or difficulty breathing?
NO	YES	Are you experiencing any new muscle or body aches?
NO	YES	Are you experiencing any new nausea or vomiting?
NO	YES	Are you experiencing any new fever > 100.4° F and chills?