

# WRIGHT STATE UNIVERSITY

This form has been designed to facilitate your daily Health Self-Assessment. Please review the symptoms below and indicate with a check box if you have the appropriate symptoms.

Do you have one or both of these symptoms?

Cough

Shortness of breath or difficulty breathing

Or do you have at least two of the following?

Fever

Chills

Repeated shaking with chills

Muscle Pain

Headache

Sore Throat

New loss of taste of smell

Gastrointestinal Problems (nausea, vomiting, or diarrhea)

If you experience two or more of the above symptoms, please stay home and contact your health care provider. Take your temperature every day and keep a record. If your temperature goes above 100.4 °F (38° C), or for 60 years old and over, 99.6° F (37.6° C), please stay home. If you do not have access to a thermometer, please reach out to Madhavi Kadakia , madhavi.kadakia@wright.edu  
Save a copy of this form for your records.

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