



## Symptom Screening Survey

**PLEASE PRINT**

Location: Albuquerque Campus, Continuing Education, Room \_\_\_\_\_

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

Your name: \_\_\_\_\_

Your email address: \_\_\_\_\_

Have you reviewed and do you understand the COVID-Safe Practices for Returning to Work (<https://bringbackthepack.unm.edu/worksite-protocols/index.html>) and do you have a face covering/mask with you?

- Yes**
  
- No**

Today, or in the past 24 hours, have you had any of the following symptoms?

- Fever
- New onset cough
- New onset shortness of breath or difficulty breathing
- New loss of taste or smell
- Sore throat
- More physical exhaustion than normal (fatigue)
- Unexplained muscle or body aches
- Chills (repeated shaking)
- New onset or unusual headache
- New onset nasal congestion or runny nose
- Nausea or vomiting
- Diarrhea
  
- Yes, I am experiencing one or more of the symptoms described above**
  - PLEASE NOTIFY YOUR INSTRUCTOR OR UNM CONTINUING EDUCATION STAFF AND LEAVE IMMEDIATELY**
  
- No, I am not experiencing any of the symptoms described above**

Turn in the completed survey to the Instructor or UNM Continuing Education staff before the start of the session.