CORONAVIRUS EXPOSURE FORM

This form must be completed by all students/visitors attending class, face-to-face faculty advising meetings, small group labs/simulations/or testing or visits to campus. Masks must also be worn at all times while on campus.

Date: ________________________________ Name: ____________________________________________

Contact Info: phone and/or email: _________________________________________________________

Reason for face-to-face visit: ______________________________________________________________

1. Have you traveled in the last 14 days? YES____ NO____

2. Have you been in contact with anyone who has traveled in the last 14 days? YES____ NO____ I DO NOT KNOW____

   **If you answered yes to Question 1 or 2, was there any potential exposures to coronavirus during the trip?

   YES____ NO____ I DO NOT KNOW____

   **If yes, please describe (flight, public areas, events, mass crowds, location)

   __________________________________________________________________________________

3. Have you been in contact with anyone who has tested positive in the last 14 days? YES____ NO____ I DO NOT KNOW____

   ** If you answered yes to Question 1, 2, or 3, were you placed on quarantine? YES_______ NO_______

   **If yes, what was the length of quarantine? ________________________________________________

4. Please circle/check any of the following symptoms you are currently experiencing or have experienced in the last 14 days.

   _____Cough  _____Difficulty breathing  _____Sore throat
   _____Muscle aches  _____Nausea  _____Vomiting/diarrhea
   _____Abdominal pain  _____Headache  _____Runny nose
   _____Fatigue  _____Temperature greater than 100 degrees _____ taken at time of visit

Please help BSC protect the safety of our campus by utilizing this tracking form in the event we need to notify you of exposure. If symptomatic (a student/visitor meet the criteria), you will be asked to reschedule face-to-face meetings/events later in conjunction with your faculty member/advisor or other. It is always appropriate to email the person you wish to contact or call their office. The BSC directory is listed on the website.

I agree to abide by all conditions set forth by Bluefield State College

Signature: ____________________________________________ Date: ______________________

Decision made regarding visit. Please circle one below. If none applies then write briefly, what happened.

7/29/2020 TAL
Allowed to visit _______

Requested to return _______

Sent to the hospital _______

Other ________________________________________________________________

People who have been exposed to the new coronavirus and who are at risk for coming down with COVID-19 might practice self-quarantine. Health experts recommend that self-quarantine lasts 14 days. Two weeks provides enough time for them to know whether or not they will become ill and be contagious to other people.

You might be asked to practice self-quarantine if you have recently returned from traveling to a part of the country or the world where COVID-19 is spreading rapidly, or if you have knowingly been exposed to an infected person.

Self-quarantine involves:

- Using standard hygiene and washing hands frequently
- Not sharing things like towels and utensils
- Staying at home
- Not having visitors
- Staying at least 6 feet away from other people in your household

Once your quarantine period has ended, if you do not have symptoms, follow your doctor’s instructions on how to return to your normal routine.

Signature of the person completing the intake form: ___________________________ Date: _________________