

To be completed by screener

_____ Date

_____ Temperature

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: _____