



# NORTHPOINT

Bible College and Graduate School

## COVID-19 || Screening Form

**ARE YOU CURRENTLY EXPERIENCING SYMPTOMS AND/OR SIGNS OF ILLNESS ASSOCIATED WITH COVID-19?**

- Fever or chills ..... \_\_\_\_\_
- Cough ..... \_\_\_\_\_
- Shortness of breath or difficulty breathing ..... \_\_\_\_\_
- Fatigue ..... \_\_\_\_\_
- Muscle or body aches ..... \_\_\_\_\_
- Headache ..... \_\_\_\_\_
- New loss of taste or smell ..... \_\_\_\_\_
- Sore throat ..... \_\_\_\_\_
- Congestion or runny nose. .... \_\_\_\_\_
- Nausea or vomiting ..... \_\_\_\_\_
- Diarrhea ..... \_\_\_\_\_

**HAVE YOU TRAVELED OUTSIDE OF THE COUNTRY IN THE PAST 14 DAYS?**

\_\_\_\_\_

**HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EXPERIENCED COVID-19 SYMPTOMS IN THE PAST 14 DAYS?**

\_\_\_\_\_

**HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN DIAGNOSED WITH COVID-19 IN THE PAST 14 DAYS?**

\_\_\_\_\_

**IF YOU ANSWERED YES TO ANY OF THE ABOVE, YOU ARE NOT PERMITTED ONTO CAMPUS AT THIS TIME.**