

2020

Self-Screening Guidance

University of North Florida

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Self-Screening Guidance

The foundational priority of the University and goal of this self-assessment tool is to protect the health, safety and welfare of the Osprey community, including all faculty, staff, students, vendors and visitors. Health and safety is a shared responsibility expected of all Osprey community constituents.

The University expects all faculty, staff, and students to utilize the self-assessment tool daily for personal guidance in determining whether it would pose a health risk to you or others if you were to return to campus (including UNF owned/affiliated facilities such as MOCA).

You will be asked to provide valid contact information to facilitate notifications to Human Resources or Student Health Services if the decision tree outcome indicates that you should self-isolate/quarantine and seek medical advice. A report of the number of times the tool is accessed will be made available to Human Resources and Student Health Services as necessary for purposes of measuring utilization of the University's resources.

Note: Specific medical data will not be collected or stored. This tool should not be used to diagnose any individual with symptoms of COVID-19 or to serve as a substitute for medical advice.

Please visit the [Self-Screening_Guidance](#) webpage for more information.

Please select your primary affiliation with UNF

- Student
- Faculty/Staff
- Vendor/Visitor

Your email address:

Best phone number to reach you (ex. 904-123-4567):

Preferred method of contact:

- Phone Call
- Email

In the last 14 days, have you had contact* with anyone that you know has been diagnosed with COVID-19?

Contact is defined as being within 6 feet (2 meters) for 15 minutes or more, or having direct contact with infectious fluids from a person with confirmed COVID-19 (for example being coughed or sneezed on) **without a face covering/mask or other appropriate personal protective equipment (PPE).*

Yes

No

Has a health professional advised you to get tested for COVID-19, or have you had a positive COVID-19 test for active virus in the past 10 days?

Yes

No

Have you had any of the following symptoms in the past 24 hours that you CANNOT attribute to another

condition?

- Fever (100.4 or greater) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Recent onset of loss of taste or smell
- Sore throat
- Nausea or vomiting
- Diarrhea

Yes

No

Have you had any of the following symptoms in the past 24 hours NOT related to allergies?

- Sinus congestion
- Runny nose

Yes

No

Today, do you have a temperature of 100.4 or greater?

Today, do you have a temperature of 100.4 or greater:

- Yes
- No