

UNIVERSITY OF ROCHESTER

Health Screening Questions | Dr. Chat Bot

Name: _____ Phone: () _____ Date: _____

If the answer to any of the following responses is "Yes," you are not cleared to be on any University campus or enter its facilities. Please contact your University of Rochester department representative to let them know that you are not cleared to be on campus. The department representative may contact University Health Service for further direction. Department representative: **please keep this completed form on file.**

1. In the past 24 hours, have you had any of the symptoms below that are new or unusual for you?

- Temperature of 100 °F (37.8 °C) or higher
- Chills
- Muscle or body aches
- Severe Fatigue
- Headache
- Congestion or runny nose (not due to allergies)
- Sore Throat (not due to allergies)
- Loss of taste or smell
- Loss of appetite
- Cough
- Shortness of breath or difficulty breathing
- Nausea, vomiting, or diarrhea

Yes / No

**2. In the past 10 days have you traveled outside of New York State?
Pleas only reply "Yes" once per trip.**

Yes / No

If yes – Okay. Was it international travel or travel within the U.S.?

- International travel – if yes, not cleared
- Travel within the U.S.

3. In the past 14 days, has a household member or close contact tested positive for COVID?

Yes / No

