

Please complete the daily survey before coming to campus or answer the questions at the screening station in order to comply with MS State Department of Health and CDC regulations.

Select Yes or No

Yes	No	Questions*
		1. Did you take your temperature today?
		2. Have you been near someone with a confirmed case of COVID-19 in the past 14 days?
		3. Do you have a cough, shortness of breath, or a sore throat?
		4. Have you had a fever (temperature greater then 100.4F) in the last 24 hours?
		5. Have you recently lost your sense of taste or smell?
		6. Have you had vomiting or diarrhea in the last 24 hours?
		7. Do you have any health/wellness questions/concerns?
		8. Do you plan to use any other MC building today?

*Please report any symptoms and contact your supervisor/instructor and your health provider.

Sign your name below to confirm your survey responses:

Signature

Printed Name