

NU COVID-19 Self-Screening

Name: _____

Department: _____

Supervisor: _____

Best way to contact you (phone # or email address): _____

What is your temperature? _____

I attest that I am not feeling sick and do not have any of the following symptoms or other symptoms of illness: Fever of 100.4°F, new or worsening cough or shortness of breath that is not explained by another health problem, chills, muscle pain, sore throat, or new loss of taste or smell.

Signature: _____