All employees must complete the online health self-assessment questionnaire before being granted access to campus as part of continuing efforts to mitigate the spread of COVID-19.

The web-based screening tools are available at:

- BSU — [https://minnstate.edu/CV19-BSU](https://minnstate.edu/CV19-BSU)
- NTC — [https://minnstate.edu/CV19-NTC](https://minnstate.edu/CV19-NTC)

Below are the questions asked in the web-based screening tool.

If your answers indicate that you have any 1 or more symptoms (Question 1) or answer ‘yes’ to the contact question (Question 2) - **you will not be authorized to come to campus.** Based on Minnesota Department of Health Guidance:

- Self-isolate or quarantine immediately.
- Monitor your health and contact your healthcare provider as needed.
- Contact your supervisor and HR ([Carol.Hess@bemidjistate.edu](mailto:Carol.Hess@bemidjistate.edu) or 218-755-2445 for further instructions).

**QUESTION 1:**

- A fever (100.4°F or higher) or a sense of having a fever or feeling feverish (chills/sweating)?
- A new cough that you cannot attribute to another health condition?
- A new shortness of breath that you cannot attribute to another health condition?
- A new sore throat that you cannot attribute to another health condition?
- New muscle aches that you cannot attribute to another health condition and that are not caused by a specific activity (such as physical exercise)?
- A new headache that you cannot attribute to another health condition?
- New loss of smell or taste that you cannot attribute to another health condition?
- Vomiting or diarrhea that you cannot attribute to another health condition?
- Are you under evaluation for COVID-19 (e.g., waiting for the results of a viral test to confirm infection)?
- Have you been diagnosed with COVID-19 and not yet cleared to discontinue isolation?
- I have experienced none of these symptoms.

**QUESTION 2:**

To the best of your knowledge, **during the past 14 days**, have you been within 6 feet of a person with a pending or lab confirmed case of COVID-19 **for at least 15 minutes**, had direct contact with that person’s mucus or saliva, or been contacted by public health and told you were in close contact with someone known to have COVID-19?

- [YES]
- [NO]