



## COVID-19 SELF-ASSESSMENT

## **Bemidji State University and Northwest Technical College**

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 <a href="https://minnstate.edu/CV19-BSU">https://minnstate.edu/CV19-BSU</a>
- 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 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
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