

# NTU Veterinary Teaching Hospital COVID-19 Staff and Student Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Visit: Work Class Lab On-Call Assisting in the Clinic

The questions below pertain to the **last 14 days**:

1. Do you have a fever of 98.7°F or greater today or have you felt hot or feverish in the last 14 days? Yes No
2. Have you experienced rapid shaking or chills in the last 14 days? Yes No
3. Are you having difficulty breathing in the last 14 days? Yes No
4. Are you having shortness of breath in the last 14 days? Yes No
5. Do you have a cough in the last 14 days? Yes No
6. Are you feeling less than 100% today? Yes No
7. Have you had any of the following symptoms today or in the last 14 days?
  - Sore throat Yes No
  - Headache Yes No
  - Fatigue Yes No
  - Muscle pain Yes No
  - Loss of taste Yes No
  - Loss of smell Yes No
  - Gastrointestinal upset Yes No
8. Have you been in contact with any COVID-19 positive patients in the last 14 days? Yes No
9. Have you been to any known hotspots affected by COVID-19 in the past 14 days? (as relevant to your location). Yes No
10. Have you traveled out of the reservation in the past 14 days? Yes No
11. If you answered “**yes**” to any of the questions above, please indicate the date(s) you felt the symptoms next to the question.

***If you answered YES to any of these questions, please do NOT enter any of the VET buildings and call Dr. Daye immediately at 505-399-1160.***

Temperature taken \_\_\_\_\_ at \_\_\_\_\_ AM / PM

Temperature taken \_\_\_\_\_ at \_\_\_\_\_ AM / PM

Temperature taken \_\_\_\_\_ at \_\_\_\_\_ AM / PM

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Staff or Student Signature

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Reviewed by Director / Date