



CAL POLY

COVID-19 SCREENING QUESTIONNAIRE

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- Do you have a fever (temperature over 100.4° F or 38° C) without having taken any fever-reducing medications?
- Do you have a loss of smell or taste?
- Do you have a cough?
- Do you have muscle aches?
- Do you have a sore throat?
- Do you have congestion or a runny nose?
- Do you have shortness of breath?
- Do you have chills?
- Do you have a headache?
- Have you experienced any new gastrointestinal symptoms such as nausea, vomiting, diarrhea, or loss of appetite in the last few days?
- Have you, or anyone you have been in close contact with, been diagnosed with COVID-19 or placed in quarantine for possible exposure to COVID-19 within the last two weeks?
- Have you been asked to self-isolate or quarantine by a medical professional or a local public health official in the last two weeks?

Name _____

Today's Date _____

Signature _____