DAILY HEALTH SCREENING QUESTIONS

Date: ____________________

Student Name: ____________________________________

Chapman ID#: _____________________________________

Are any of the following true for you?

1. I am sick with COVID-19 symptoms
2. I have been notified that I am COVID-19 positive or have come in contact with someone who has or is suspected of having COVID-19
3. I have a temperature of 100.4 degrees F (or 38 C) or greater

YES ☐

NO ☐