Sample Only – Do not use the below sample. This is an illustration of the actual survey form. To complete the daily COVID-19 Screening tool click on this link.

Name of your Company/Employer

Your First Name

Your Last Name

Your Email Address

Your Mobile Phone

Name of the Chapman University (project manager) Contact

Email of the Chapman University (project manager) Contact

To complete the daily COVID-19 Screening tool shown on this page, click on this link.
Over the last 24 hours, are any of the following true for you?
1. I am sick with **COVID-19 symptoms**
2. I have traveled outside the U.S. in the last 14 days
3. I have come in contact with someone who has or is suspected of having COVID-19
4. I have a **temperature** of 100.4 degrees F (or 38 C) or greater

**YES**

**NO**

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