Coronavirus COVID-19 Screening Questionnaire

All members of the Turtle Mountain Community College campus community are responsible for monitoring themselves for signs or symptoms of infection on a daily basis. This guide can be used as a self-check list for signs and/or symptoms of COVID-19 infection.

1. Have you been exposed to someone who has tested positive for COVID-19 or been told you tested positive?  
   YES  NO

2. In the last 14 days have you traveled outside of North Dakota (by car, plane, or any other mode of transportation)?  
   YES  NO

3. Do you have new or worsening onset of any of the following symptoms:  
   YES  NO
   
   If "Yes " to the above question, please circle which symptoms below:
   
   fever  cough  shortness of breath  runny nose
   sore throat  chills  body aches  fatigue
   headache  loss of taste/smell  eye drainage  congestion
   nausea/vomiting  diarrhea

4. Are any members of your household a close contact on quarantine for exposure to COVID-19?  YES  NO

If you have answered "yes" to any of these questions, it could indicate possible infection. Please complete the following information:

_________________________________  _________________               ________________________________
Name                                                  Employee/Student ID#                                        Date

• Please contact your direct supervisor and/or TMCC Safety Compliance Officer (701) 477-7814  
  cparisien@tm.edu for further direction.
• Call the Indian Health Service at 701-477-6111 or another health provider of your choosing

I understand that I have the responsibility to immediately notify the TMCC Safety Compliance Officer (701-477-7814 or cparisien@tm.edu) AND my immediate supervisor/instructor should my responses on this questionnaire change.

Revised: August 13, 2020