DAILY COVID-19 SCREENING

THIS INFORMATION IS BEING COLLECTED FOR EMPLOYMENT PURPOSES ONLY. THIS IS NOT A MEDICAL TREATMENT RECORD.

Select Yes or No

First time answering questions below, look back 14 days. Each time after, answer since last interviewed.

Yes ○ No ◉ **Have you been diagnosed with the Novel Coronavirus/COVID-19?**

Yes ○ No ◉ **Have you had a temperature reading of 100.0°F or higher or felt feverish?**

Have you lived with or been within 6 feet of someone for 10 consecutive minutes who ...

Yes ○ No ◉
- **has been diagnosed with COVID-19?**

Yes ○ No ◉
- **is quarantined or isolated due to suspicion of COVID-19?**

Mark all symptoms that you have experienced

First time assessing symptoms below, look back 7 days. Each time after, answer since last interviewed.

☐ **NONE**

☐ **Cough** ☐ **Shortness of Breath** ☐ **Sore Throat** ☐ **Muscle Aches**

☐ **Headache** ☐ **Chills/Shaking** ☐ **Lost Sense of Smell/Taste**

Temperature Reading from today: On-Site_____-or- Home _____

If you have answered 'Yes' to any questions above, experienced any of the listed symptoms or have a temperature reading of 100.0°F or higher, you should remain at home and contact your supervisor. If you are screening at the worksite, exit your worksite with your face cover/mask in place and contact your supervisor for further instructions.

Remember to wear a Face Cover/Mask as indicated throughout the day.

UofSC Employee:

Name:_____ Department:_____

Signature:_____ Supervisor:_____

Date: _____

Vendor/Contractor:

Name:_____ Company:_____

Signature:_____ Date: _____

The university continues to act in good faith to fulfill its obligation to protect, to the extent possible, members of the university community from COVID-19. The information collected on this form will be used to help the university address your needs and prevent the spread of COVID-19.

State and federal law and university policy prohibit discrimination based on age, disability, genetics, race, color, national origin, sex, gender, religion, sexual orientation, protected veteran status, pregnancy, childbirth or medical conditions related to pregnancy or childbirth.

If you believe you have been a victim of unlawful discrimination because of information you provided on this form, you may contact the university's Office of Equal Opportunity Programs at 803-777-3854; by email at eop@mailbox.sc.edu; online at sc.edu/eop; in person at 1600 Hampton Street, Suite 805, Columbia, SC.