

COVID-19 Screening

Please review these questions each day prior to coming to the NIST campus. You are not required to retain copies or to provide copies of this form to anyone at NIST.

Symptom Checklist: Today, are you experiencing any of the following symptoms not caused by another known condition?	Yes	No
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath or difficulty breathing (unrelated to physical activities)	<input type="checkbox"/>	<input type="checkbox"/>
Fever over 100.4 °F (38 °C) or Chills	<input type="checkbox"/>	<input type="checkbox"/>
Headache (bad, or severe)	<input type="checkbox"/>	<input type="checkbox"/>
Muscle pain/body aches (unrelated to physical activities)	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting/nausea or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
In the last 10 days have you tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Return to Campus: if you are recovering from COVID-19, are all of the following true:	True	False
You have not had a fever (>100.4F) for more than 24 h and you are not taking fever-reducing medications; it has been more than 10 days since onset of symptoms; and your symptoms have improved.	<input type="checkbox"/>	<input type="checkbox"/>
Exposure Checklist: In the last 14 days have you:	Yes	No
Spent more than 15 minutes, within 6 feet (or 2 meters) of someone with known or suspected to have COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Spent any time in your home with someone with confirmed or suspected COVID-19 or who currently has COVID-like symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
Travel Checklist: In the last 14 days have you:	Yes	No
Traveled to or from a state with a stay-at-home order in place, or with a high rate of COVID-19 spread*	<input type="checkbox"/>	<input type="checkbox"/>
Traveled internationally to a country with a Level 3 or Level 4 Health Advisory. See U.S. State Department Travel Advisories .	<input type="checkbox"/>	<input type="checkbox"/>

See CDC : [List of Symptoms](#)

Contact your supervisor or sponsor if you answered "Yes" to any of these questions. You are not permitted to enter campus today (unless you are recovering from COVID-19 and meet criteria in the next section).

You may not enter the campus if you tested positive for COVID-19 in the last 10 days, regardless of whether or not you have symptoms.

See CDC [Discontinue Isolation for Persons with COVID-19](#)

Inform your supervisor or sponsor if this applies. You may be permitted on campus if you meet these criteria. If you

answered "False" you are not permitted to enter campus today.

See [CDC COVID19 Prevention Tips](#)

Contact your supervisor or sponsor if you answered "Yes" to either of these questions. If you answered "Yes", you are not permitted to enter campus today.

See U.S. State Department [Travel Advisories](#)

States with high rates of COVID19 spread are listed below. If you simply traveled through the state, you may answer "No."

Contact your supervisor or sponsor if you answered "Yes" to either of these questions. If you answered "Yes," you are not permitted to enter campus today.

*Effective Dates Oct. 26 – Nov 13 2020, states with high rates of COVID-19 spread: AL, AK, AR, IA, ID, IL, IN., MD, MT, ND, NE, NM, OK, SD, TN, UT, WI, WY.