

COVID-19 Student Screening

Please complete the following screening information and provide this form to the Screener who will take your temperature using a no-touch thermometer. The information collected will be used only for the purpose of maintaining safe and healthy business operations and shall be maintained as confidential.

Student Name: _____ Date: _____ Time: _____ AM/PM

Instructor: _____ Department: _____

If approved to be on campus, Student will be provided with a colored wristband to be worn for their entire time on campus.

Please answer the following questions:

1. Have you been in close contact with a confirmed case of COVID-19 within the last 14 days? [] Yes [] No
(Close contact is defined as: a) being within 6 feet of a known or suspected COVID-19 case for greater than 15 minutes; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a known or suspected COVID-19 case; or b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) **NOTE:** Healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no” to this question.)
2. Have you had a fever or felt feverish in the last 24 hours? [] Yes [] No
3. Are you experiencing any new respiratory symptoms including a runny nose, sore throat, cough, or shortness of breath? [] Yes [] No
4. Are you experiencing any new muscle aches, chills, and severe fatigue? [] Yes [] No
5. Are you experiencing any new gastrointestinal symptoms (nausea, vomiting, or diarrhea)? [] Yes [] No
6. Have you experienced any new changes in your sense of taste or smell? [] Yes [] No
7. Have you traveled in the past 14 days internationally (outside of the U.S.), by cruise ship, or outside of New England (NH, VT, RI, CT, MA, and ME)? [] Yes [] No

If you answered yes to any of the questions above (unless you have a symptom due to a pre-diagnosed condition that is not COVID related) or have a temperature that exceeds 100.4 degrees Fahrenheit, you will need to leave campus and report home. We suggest you confine yourself at home and consult your healthcare provider. **You will need to contact Jeannie DiBella, the Human Resources Officer, at 603-206-8006 for further instructions.**

I attest that I have answered the above information truthfully. I understand that any falsification of information may be considered a violation of the Student Code of Conduct.

Signature of CCSNH Student

Date

SCREENER: I attest that I have taken and recorded the student’s temperature and that their temperature was:

[] 100.4 degrees Fahrenheit or lower. [] Higher than 100.4 degrees Fahrenheit

Signature of CCSNH Screener

Date