**FIU Safety Screening Checklist**

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| **Symptom/Sign Ascertained Through P3 App** | **Recommendation** |
| In the past 48 hours have you had any of the COVID-19 symptoms listed below **that are new or unusual for you?**   * Fever (temperature of 100.4 degree F or higher) or chills * Cough * Shortness of breath / Difficulty breathing * Fatigue * Muscle or body aches * Headaches * New loss of taste or smell * Sore throat * Congestion or runny nose * Nausea or vomiting * Diarrhea * I am experiencing no symptoms | Recommend test  “Please make an appointment for a COVID-19 test or contact your physician to arrange for COVID-19 testing.” |
| Have you been in contact with anyone diagnosed with, or displaying symptoms of, COVID-19 within the last 14 days?   * Yes * No | Recommend test  “Please make an appointment for a COVID-19 test or contact your physician to arrange for COVID-19 testing.” |
| Are you awaiting COVID19 test results either because a) you have symptoms and/or b) because you had close exposure to a person who is positive?   * Yes * No |  |
| Within the last 14 days, have you tested positive for COVID-19?   * Yes * No |  |