

**Thomas College**  
**COVID-19 SCREENING QUESTIONS**

Please answer the following questions prior to coming to Thomas College. Please immediately return this form to the person who is hosting you on campus.

**1) In the past 24 hours, have you had any of these symptoms?**

Yes or No

- Cough (unrelated to allergies)
- Shortness of breath or difficulty breathing
- Or **at least two** of the following symptoms
  - Fever (temp over 100.2)
  - Chills
  - Repeated shaking with chills
  - Muscle pain
  - Headache
  - Sore Throat
  - New loss of taste or smell

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Yes or No

**2) In the past 14 days have you:**

- Been exposed to COVID-19
- Been diagnosed with COVID-19
- Traveled to other states (not NH/VT) over the last 16 days?

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If you answered yes to any of these questions, please do not come to Thomas College. Questions about the guest policy at Thomas College can be sent to covid19@thomas.edu

**It is also recommended to contact your Healthcare Provider, Walk in Care, Urgent/ Express Care for appropriate testing, treatment and follow-up.**