

Please complete this form to assess your potential exposure/possession of COVID-19 and other illnesses. Please return completed form to Julie MacTaggart, director of human resources, via email at Jmactaggart@dbq.edu.

Employee ID: _____ Employee Name: _____

Are you currently free from illness? Yes No

Do you have a serious underlying medical condition? Yes No

If yes, please indicate: _____

If the serious underlying medical condition is among those considered by the US Centers for Disease Control and Prevention as being at higher risk for COVID-19, do you request an accommodation?

Yes No If yes, please indicate the accommodation: _____

*The University will do its best to fulfil reasonable accommodation requests; however, it cannot guarantee all accommodation requests will be fulfilled.

Are you currently presenting with any of the following symptoms:

Symptom	Yes	No
Fever (100.4 or higher)	<input type="checkbox"/>	<input type="checkbox"/>
Body Chills	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Level of Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Pain/Difficulty Breathing	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>
Body/Muscle Aches	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Taste	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Smell	<input type="checkbox"/>	<input type="checkbox"/>
Changes to Vision/Eye Discharge	<input type="checkbox"/>	<input type="checkbox"/>

Have you been diagnosed with COVID-19 in the last six months? Yes No

If yes, please indicate date of diagnosis: _____

If yes, please indicate date your medical provider said you could return to normal daily activities: _____

Have you recently had any direct contact with a person who is presumed positive or confirmed positive of COVID-19?

Yes No If so, when? _____

Have you traveled internationally recently? Yes No If yes, where? _____

Have you resided outside of Iowa the past month? Yes No If yes, where? _____

Have you traveled outside of your county of residence in the last 14 days? Yes No

If yes, please indicate all places traveled: _____

Employee Signature: _____ Date: _____