



# PROTECT YOUR FELLOW PENGUINS

*by performing a*

## DAILY HEALTH ASSESSMENT

- 1 Are you Sick?**
- 2 Is your temperature above 100.4 F?**
- 3 Do you have COVID-19 symptoms? *Including:***
  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
- 4 Have you had contact with someone who has tested positive in the past 14 days?**
- 5 Have you traveled out of the United States in the past 14 days?**
- 6 Have you been ordered to quarantine or self-isolate by a physician or government agency in the past 14 days?**

### *If You Answer **YES** to Any of These Questions*

- Please leave campus immediately and contact your doctor or health care provider.
- Please Notify the YSU COVID Support Staff by submitting an online report at [https://cm.maxient.com/reportingform.php?YoungstownStateUniv&layout\\_id=18](https://cm.maxient.com/reportingform.php?YoungstownStateUniv&layout_id=18)