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