# Appendix 4: COVID-19 Pre-Arrival Questionnaire

**Recent Symptoms**

1. Have you or someone you live with had any of the following new symptoms that are not explained by other health conditions in the last two weeks?

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| --- | --- | --- |
| **Symptom** | **You?** | **Someone you live with?** |
| Fever | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Cough | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Shortness of breath | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Extreme tiredness/exhaustion | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Headache or muscle ache | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Loss of taste or smell | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Chills/shaking with chills | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Sore throat | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Diarrhea, vomiting, or nausea | ☐ Yes ☐ No | ☐ Yes ☐ No |

**COVID-19 History**

1. Have you ever been diagnosed with COVID-19? ☐ Yes ☐ No
2. Do you have any reason to think you have ever had COVID-19 (e.g., symptoms including cough, fever, aches, exhaustion, loss of taste/smell, chills, sore throat, diarrhea) even if you have not been diagnosed? ☐ Yes ☐ No
3. Has a family member or someone you spend time with ever had COVID-19 (either diagnosed or suspected)? ☐ Yes ☐ No

**Medication Review in Preparation for Arrival**

1. Have you stopped taking or run out of any medications in the past 3 months? ☐ Yes ☐ No
2. List all prescriptions and non-prescription medications that you take for medical, mood, or behavior problems (e.g., vitamins, supplements, home remedies, birth control, herbs, inhalers, medications that help with your mood or behavior, etc.).

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| --- | --- | --- |
| **Medication** | **Dose (e.g., mg/pill)** | **How many times per day?** |
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**Other**

1. Do you have any upcoming medical, oral health, or therapy appointments?☐ Yes ☐ No
2. Is there anything else you would like to talk about? ☐ Yes ☐ No

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| --- |
| **Health and Wellness staff: Address any affirmative answers.** |
| ***Signature of staff who reviewed above with student* *Date*** |
| **Is the student cleared to depart for center? ☐ Yes ☐ No**  **Justification:**    **Follow-up plan if not cleared to return:** |