

**LIU POST / BROOKLYN
COVID 19 SELF-CHECK**

NAME: _____ [] Hutton House [] Gifted Youth DATE: _____

Signature: _____

On the day of your visit to LIU Post, print and complete the form and present it at the Public Safety guard booth

In the past 14 days, do any of the following situations apply?

Had a positive test for COVID-19?

Are awaiting the results of non LIU COVID-19 TEST?

Had close contact with an individual diagnosed with COVID-19? (ONLY APPLIES IF UNVACCINATED)

YES OR NO

In the last 10 days, have you traveled internationally?

YES or NO

If **YES**

The traveler must quarantine for 10 days from the date of travel.*

*A traveler may obtain a COVID-19 test between three and five days upon returning from international travel. If the test result is negative, the traveler can be released from quarantine.

In the Past 24 hours have you had any of these symptoms?

Felt Feverish or Have a Fever (100.4 F 37.8 C or greater)

Cough

Shortness of breath or difficulty breathing

Sore throat

New loss of taste or smell

Head or muscle aches

Nausea, Diarrhea, Vomiting

Unusual Rash

YES or NO

Signature of PS Officer Reviewing Survey/self-check: _____

Signature of PS Supervisor Reviewing Survey/self-check: _____