

New - Employee Covid Symptom Check Questionnaire

Q1 - Welcome to the UCSC COVID-19 Symptom Check Questionnaire.

Your questionnaire responses will not be shared with your supervisor. The campus COVID-19 Symptom Check Officer and the Workers' Compensation Office may review completed responses for the purpose of COVID-19 exposure notification, contact tracing or Workers' Compensation claims. Responses will not be placed in employee personnel files. Responses will be purged after 60 days.

If you have chronic conditions (e.g., migraines) and experience symptoms in this screening identical to your usual symptoms, do not report those into this questionnaire. Any deviation from your usual symptoms must be reported. After completing the questionnaire, a certificate indicating cleared or not cleared will be emailed to you and your supervisor.

CDC COVID-19 Travel Recommendations. The following link provides the Centers for Disease Control and Prevention (CDC) latest [recommendations for Domestic Travel and the CDC recommendations for International Travel](#) for both fully vaccinated travelers and unvaccinated travelers.

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Q2 - What is your supervisor's email address?

(Faculty - enter the email address of your Department Manager.)

Q3 - Will you be working at a UCSC facility or coming in contact with other UCSC employees today?

- Yes, I will be working at a UCSC facility or coming in contact with other UCSC employees today
- No, I will not be working at a UCSC facility or coming in contact with other UCSC employees today

Q4 - Please indicate the building you will access today?

[Main Campus Region Map](#)

Location: _____

Region: _____

Building: _____

Q5 - Other buildings, if applicable:

Q6 - Have you experienced any of the following symptoms in the last 48 hours?

(Do NOT report symptoms if:

- You have been recently vaccinated and the side effects are mild and consistent with the CDC list of common side effects: [Possible Side Effects After Getting a COVID-19 Vaccine](#)
- You have chronic conditions (e.g. migraines) and experience symptoms in this screening identical to your usual symptoms.
- You have consulted with a health care provider and they have cleared you for work)

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 (unrelated to seasonal allergies)

Nausea or vomiting

Diarrhea

- Yes, I DO have these symptoms
- No, I DO NOT have any of these symptoms (except as excluded above)

Q7 - Have you taken any medication for COVID-Like symptoms in the past 48 hours?

- Yes
- No

Q8 - Within the previous 10 days, are you aware of being exposed to anyone who has been confirmed to have COVID-19? You can answer “No” if you are up to date with all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Yes

No

Q9 - If you have had COVID-19 within the past 10 days, are you still in your isolation period?

Yes

No

Thank you for completing the survey!