



COVID-19 Symptom Check Appendix A

UPDATE

If you are planning to work on campus today and do not have access to this questionnaire online, please use this form to complete the COVID-19 Symptom Check questionnaire. When you arrive at work, immediately complete the electronic version of this 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. After completing the questionnaire, a certificate indicating cleared or not cleared will be emailed to you and your supervisor.

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.

The revised Cal/OSHA COVID-19 Emergency Temporary Standards, effective June 17, 2021, specify conditions under which face coverings must continue to be worn at the workplace. **Any employee not fully vaccinated for COVID-19 must continue to wear a face covering when indoors, unless in a single-occupant room with a closed door.** Additionally, it is recommended that any employee not fully vaccinated also wear a face covering when outside and within six feet of others. Employees who are fully vaccinated are no longer required to wear face coverings at work, whether inside or outside, although they are welcome to do so if they would like.

In accordance with CDPH and CDC guidance, **face-coverings continue to be required at all times, regardless of vaccination status, in mass transit, healthcare, and indoor childcare settings.**

To submit proof of your COVID-19 vaccination, please click on the following link that will direct you to the Health e-Messenger portal on the Student Health Center website: <https://healthcenter.ucsc.edu/services/covid-19/covid-vaccine.html>. Note that proof of your COVID-19 vaccination (or exemption request) will be required upon implementation of the UC SARS-CoV-2 (COVID-19) Vaccination Program. If you have questions regarding the symptom check questionnaire, please contact check@ucsc.edu. If you have questions regarding the COVID-19 vaccination policy, please contact SHRhelp@ucsc.edu.

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](#).

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

YES. Proceed to the next question.

NO. **STOP HERE. Your survey is completed, no action required. Thank you.**

2. Please indicate the buildings you will access today (this question is only applicable in online survey).

3. Are you fully vaccinated for COVID-19 (defined by the CDC as at least two weeks after your last dose)?

YES. You are cleared to be on campus or UCSC owned or leased property **without a face covering** as defined by the Cal/OSHA COVID-19 Emergency Temporary Standards.

NO. You are **required to wear a face covering** when indoors while on campus or UCSC owned or leased property, in accordance with the Cal/OSHA COVID-19 Emergency Temporary Standards.

4. Have you provided proof of vaccination through the Health e-Messenger portal on the Student Health Center website?

YES

NO

5. Have you experienced any of the following symptoms in the last 48 hours? Do not include previously known or chronic conditions that have been previously evaluated by your primary care provider.

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 am experiencing one or more new symptoms. **STOP HERE.** You are not cleared for on-site work. Contact your supervisor.

No, I am not experiencing new symptoms. Proceed to the next question.

6. Within the previous 10 days, have you been exposed to anyone who has been confirmed to have COVID-19 or anyone who is experiencing the symptoms of COVID-19? (Note: If you have been fully vaccinated against COVID-19 and at least 2 weeks have passed since your final vaccine shot, and you have no COVID-19 symptoms, you may automatically answer "no" to the above question.)

- YES. **STOP HERE. You are not cleared for on-site work. Contact your supervisor.**
- NO. Proceed to the next question.

7. Have you received a positive test result for COVID-19 in the past 10 days?

- YES. **STOP HERE. You are not cleared for on-site work. Contact your supervisor.**
- NO. Proceed to the next question.

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

- YES. **STOP HERE. You are not cleared for on-site work. Contact your supervisor.**
- NO.