**STUDENTS’ SELF- ASSESMENT TOOL FOR COVID -19 PRIOR TO ENTERING LOWER SILESIAN ONCOLOGY CENTER**

**Name and Surname, index number:**

**1.Within the past 14 days, have you had these types of contact with someone with a lab-confirmed case of COVID-19 while you weren't both wearing masks or, when touching shared items, you weren't wearing gloves? (Check all that apply).**

Shared a home

Been within 6 feet (less than 2 m) of each other for at least 5 minutes

Been sneezed on or coughed on

Shared eating or drinking utensils or other items

Hugged or kissed

None of the above

### 2. In the last 48 hours, have you had any of the following NEW symptoms?( Check all that apply).

## Fever of 100 F (37.8 C) or above, or possible fever symptoms like alternating chills and sweating

## Cough

## Trouble breathing, shortness of breath or severe wheezing

## Chills or repeated shaking with chills

## Muscle aches

## Sore throat

## Loss of smell or taste, or a change in taste

## Nausea, vomiting or diarrhea

## Headache

## None of the above

## 3. Have you been advised to get COVID-19 testing by a public health official or for work, school or travel reasons?

## Yes

## No

## If you’ve had any of above mentioned symptoms you should NOT enter the hospital properties. See your GP for advice.

**SIGNANTURE:**

**DATE:**