

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

NAME: \_\_\_\_\_ EMPLOYEE/STUDENT ID: \_\_\_\_\_

DATE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

Signature: \_\_\_\_\_

**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?

**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 after seven days.

**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: \_\_\_\_\_