

COVID-19 Symptom Checker

Online form is available at <https://ferris.medicatconnect.com>

Please complete this checklist daily, whether you are working on campus or remotely. If you are not able to report to work, you must notify your supervisor. Your supervisor will confirm you completed your self-check daily. *This form will NOT be collected by your supervisors or HR for privacy reasons, but you will need to keep this completed form for your records.*

1. Do you have **ONE** of the following COVID-19 principal symptoms not explained by a known medical or physical condition (check all that apply):

Fever Uncontrolled cough Shortness of breath

2. Do you have **at least TWO** of the following COVID-19 secondary symptoms not explained by a known medical or physical condition (check all that apply):

Loss of taste or smell Diarrhea
 Muscle aches Vomiting
 Sore throat Abdominal pain
 Severe headache

3. Are you currently being advised to quarantine or self-isolate by a health care provider or public health recommendation (i.e. Centers for Disease Control and Prevention, Health Department)?

Yes No

4. Have you tested positive for COVID-19?

Yes No

If you checked any of the symptoms above, or yes to Questions 3 or 4, please stay home and contact your supervisor. Also contact your local healthcare provider for medical advice or schedule a virtual visit through [Spectrum Health NOW](#) (Priority Health members) or [Amwell](#) (Blue Cross/MESSA members). If you are currently in Michigan and would like a free COVID-19 screening from Spectrum Health call 833.559.0659.

5. Have you been in “close contact” to someone with confirmed positive COVID-19 test who is displaying the primary symptoms of COVID-19? “Close contact” is being within 6 feet without a mask for longer than 15 minutes?

_____ Yes

_____ No

If you answered YES to Question 5 above, please stay home and contact your supervisor. Also contact your local healthcare provider for medical advice or use the links above for information on how to schedule a virtual visit and contact Human Resources at (844) 721-0285 or HR@ferris.edu.

6. Are you a first responder, health care professional, or child care worker?

_____ Yes

_____ No

7. Have 14 days passed since your close contact tested positive?

_____ Yes

_____ No

8. Has your close contact tested negative?

_____ Yes

_____ No

If you answered YES to Questions 7 and 8, you may return to work.