

Health Screening Directions

The survey link can be accessed on the [BC COVID-19 website](#).

Nothing is more important than the health and safety of our employees, students, visitors, and communities. Our goal is to work together to stop the spread of COVID-19 and maintain a healthy campus community.

To achieve this, the COVID-19 Health Screen Form must be completed if you have been exposed to COVID-19 or are experiencing COVID-19 symptoms. For those needing to complete the Health Screen Form, please complete this prior to arriving on campus and wait for further instructions from BC.

Assess each question on the form and determine if you will respond with an overall “Yes” or “No” response.

The questions asked are:

1. Have you experienced any of the following symptoms of COVID-19 within the last 48 hours? 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, nausea or vomiting, or diarrhea?
2. Have you tested positive for COVID-19 in the past 5 days?
3. Are you currently awaiting results from a COVID-19 test?
4. Have you been diagnosed with COVID-19 by a licensed healthcare provider (for example, a doctor, nurse, pharmacists, or other) in the last 10 days?
5. Have you been told that you are suspected to have COVID-19 by a licensed healthcare provider in the past five (5) days?

Evaluate Survey Questions Based on Your Condition

If you are able to answer **“YES”** to **one or more of the survey questions**, select **“YES”** within the survey, then click **Submit**. If you answer yes to any of the questions, do not report to campus and wait for communication from Human Resources.

If you are able to answer **“NO”** to **all of the survey questions**, select **“NO”** within the survey, then click **Submit**.

Once your response is submitted, you will receive a confirmation message sent directly to your email.