U of M ResponsiBLUE Questionaire **SUNDAY**

Do you have symptoms of:

Fever (over 100.4°F or 38°C) or feeling feverish

New shortness of breath

New cough YES NO

Do you have two of any of these symptoms:

Chills

Muscle aches

Runny nose or congestion

Sore throat

Loss of sense of smell or sense of taste

Headache

YES NO

U of M ResponsiBLUE Questionaire **MONDAY**

Do you have symptoms of:

Fever (over 100.4°F or 38°C) or feeling feverish

New shortness of breath

New cough YES NO

Do you have two of any of these symptoms:

Muscle aches

Runny nose or congestion

Sore throat

Loss of sense of smell or sense of taste

Headache

YES NO

U of M ResponsiBLUE Questionaire TUESDAY

Do you have symptoms of:

Fever (over 100.4°F or 38°C) or feeling feverish

New shortness of breath

New cough YES NO

Do you have two of any of these symptoms:

Chills

Muscle aches

Runny nose or congestion

Sore throat

Loss of sense of smell or sense of taste

Headache

YES NO

19 test in the last 10 days, or to quarantine following close contact with someone with COVID-19 in the last 14 days?

YES NO

Have you returned from International travel within the past 7 $\,$ Have you returned from International travel within the past 7 $\,$

YES NO

days?

a booster if you are eligible)

YES NO

19 test in the last 10 days, or to quarantine following close contact with someone with COVID-19 in the last 14 days?

YES NO

days?

YES NO

Are you up to date on your COVID 19 Vaccination (including Are you up to date on your COVID 19 Vacc a booster if you are eligible)

YES NO

Are you currently required to isolate due to a positive COVID- Are you currently required to a positive COVID- Are yo 19 test in the last 10 days, or to quarantine following close contact with someone with COVID-19 in the last 14 days?

YES NO

Have you returned from International travel within the past 7 days?

YES NO

a booster if you are eligible)





