

NCC COVID-19 Screening Form

NCC employees, students, and visitors who have been scheduled to be on campus must be screened daily prior to entering the facility. Please complete the following screening information and return the completed form to the Campus Safety Office. The information collected will be used only for the purpose of maintaining safe and healthy business operations and shall be maintained as confidential.

Section 1.

Name:

CCSNH Institution: **Nashua Community College**

Date:

Reason for Visit: Employee Student Visitor

Section 2.

1. Are you currently fully vaccinated? YES NO

According to the CDC, people are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, *or*
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

2. Are you suffering from any of the following symptoms today? YES (please check all that apply) NO

- Fever or have felt feverish in the last 24 hours
- New or unexplained respiratory symptoms including a runny nose, nasal congestion, sore throat, cough, or shortness of breath
- New or unexplained muscle aches, chills, and severe fatigue
- New or unexplained gastrointestinal symptoms such as nausea, vomiting, or diarrhea
- New or unexplained change in your sense of taste or smell

If you are showing any of the symptoms noted above, and/or have a temperature that exceeds 100.4 degrees Fahrenheit, you will need to remain at home or will be asked to leave the campus.

Please contact the Campus Safety Office at (603) 921-1089 for assistance.

Section 3.

I attest that I have answered the above information truthfully. I understand that any falsification of information may be grounds for corrective action, which may include exclusion from the NCC campus.

Signature

Date