2019 novel coronavirus (2019-nCoV) Student Screening Form

Date____________ Student UIN # _______________________

First name _______________ Last name __________________ Date of birth ______________________

Phone_____________________  Sex ☐ M ☐ F Age_______ Residency ☐ US resident ☐ Non-US Resident, country_______________________

Did you travel to and from China over the most recent winter break? ☐ Y ☐ N

Did you have onset of illness symptoms within 14 days of your travel to China? ☐ Y ☐ N

Did you have onset of illness symptoms within 14 days of a close contact who is known to have the 2019-nCoV illness? ☐ Y ☐ N

Date of your symptom onset_____________________

Do you have the following signs and symptoms today (check all that apply)?

☐ Fever ☐ Yes ☐ No ☐ Unk

☐ Cough ☐ Yes ☐ No ☐ Unk

☐ Sore throat ☐ Yes ☐ No ☐ Unk

☐ Shortness of breath ☐ Yes ☐ No ☐ Unk

Check if you have had the following within the last 14 days?

☐ Chills ☐ Headache ☐ Muscle aches ☐ Vomiting ☐ Abdominal pain ☐ Diarrhea ☐ Other, Specify_______________

Complete the following travel questions

Date traveled to China___________ Date traveled from China___________ Date arrived in US______

Spend time in Wuhan City, China? ☐ Y ☐ N

Does you live in Wuhan City? ☐ Y ☐ N

Spend time in Hubei Province (not Wuhan City)? ☐ Y ☐ N

Do you live in Hubei Province (not Wuhan City)? ☐ Y ☐ N

Spend time outside of the U.S. (not China)? Name of country __________________________

Do you live in this country? ☐ Y ☐ N

Date traveled to country (not China)_______ Date traveled from country (not China)_______

Date arrived in US from country (not China)_____

Have close contact with a person who is under investigation for 2019-nCoV? ☐ Y ☐ N

Have close contact with a laboratory-confirmed 2019-nCoV person? ☐ Y ☐ N
Was the person you had contact with ill at the time of your contact? ☐ Y ☐ N

Is the person a U.S. case? ☐ Y ☐ N

Is the person an international case? ☐ Y ☐ N

In which country was the person diagnosed with 2019 n-CoV? ______________________________

Additional Patient Information

PLEASE PROVIDE ADDITIONAL INFORMATION YOU BELIEVE IMPORTANT FOR REVIEW: