



Turtle Mountain Community College

10145 BIA Road 7
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Belcourt, North Dakota 58316

Coronavirus COVID-19 Screening Questionnaire

All members of the Turtle Mountain Community College campus community are responsible for monitoring themselves for signs or symptoms of infection on a daily basis. This guide can be used as a self-check list for signs and/or symptoms of COVID-19 infection.

1. Have you been exposed to someone who has tested positive for COVID-19 or been told you tested positive?

YES NO

2. In the last 14 days have you traveled outside of North Dakota (by car, plane, or any other mode of transportation)?

YES NO

3. Do you have new or worsening onset of any of the following symptoms: **YES NO**

If "Yes " to the above question, please circle which symptoms below:

- | | | | |
|-----------------|---------------------|---------------------|------------|
| fever | cough | shortness of breath | runny nose |
| sore throat | chills | body aches | fatigue |
| headache | loss of taste/smell | eye drainage | congestion |
| nausea/vomiting | diarrhea | | |

4. Are any members of your household a close contact on quarantine for exposure to COVID-19? **YES NO**

If you have answered "yes" to any of these questions, it could indicate possible infection. Please complete the following information:

Name	Employee/Student ID#	Date

- Please contact your direct supervisor and/or TMCC Safety Compliance Officer (701) 477-7814 cparisien@tm.edu for further direction.
- Call the Indian Health Service at 701-477-6111 or another health provider of your choosing

I understand that I have the responsibility to immediately notify the TMCC Safety Compliance Officer (701-477-7814 or cparisien@tm.edu) **AND** my immediate supervisor/instructor should my responses on this questionnaire change.