COVID-19 Self-Assessment – Metropolitan State University

# Private/Confidential Information Collection Notification

The following Tennessen Notice describes the purpose and intended use of the data that will be collected in the health screening process.

## Tennessen Notice

Minnesota State Colleges and Universities is using the health screening instrument as a condition of entering campus buildings.  
  
The data collected about you in this screening process is classified as private under the Minnesota Government Data Practices Act.  We will use this data to screen individuals before they enter campus buildings for potential COVID-19 related health risks to try to avoid the potential of spreading COVID-19. The data helps us to determine whether risk factors are present and whether you will be denied admission to campus buildings for the protection of Minnesota State Colleges and Universities employees, students and/or other members of the public.  
  
This is not a COVID-19 test and is not a determination of whether an individual is infected with or has been exposed to COVID-19.   
  
This data will be gathered to determine whether to permit you to enter campus buildings. You are not legally required to provide this data. However, if you refuse to provide the data, you will not be admitted to any campus buildings.  If you are an employee, your refusal to provide the data may also result in employment consequences, as determined by Minnesota State Colleges and Universities and as set forth in Minnesota State Colleges and Universities Health Screening Policy. If you are a student, your refusal to provide the data may result in academic or student conduct consequences, as determined by Minnesota State Colleges and Universities. The data collected from you may be shared with Minnesota State Colleges and Universities HR staff, safety administrator, and supervisors and managers, authorized individuals from the Minnesota State system office and other persons or entities authorized by law.  
  
All health-related information gathered from the health screening will be treated as private, will be stored securely, and will not be stored or maintained in an employee’s individual personnel file, or in a student’s official academic record. Health-related information gathered from the health screening will be maintained for at least one year.

# Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Please indicate which group(s) you are part of; Check all that apply:

\_\_\_ I am a student living on campus

\_\_\_ I am a student living off campus

\_\_\_ I am an employee

\_\_\_ I am a visitor, contractor or vendor

# Contact information:

## Students and/or Employees

StarID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Visitors, Contractors, or Vendors

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Campus location(s):

## Please choose your location or locations

\_\_\_ Metropolitan State University

\_\_\_ Working or studying from home

\_\_\_\_ Other Metropolitan State University location

\_\_\_\_ I may also visit other MN State Colleges or Universities (if so please list below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Symptoms:

## Do you have or are you experiencing any of the following? Check all that apply

\_\_\_ A fever (100.4F or higher), or a sense of having a fever or feeling feverish (chills, sweating)?

\_\_\_ A new cough that you cannot attribute to another health condition?

\_\_\_ A new shortness of breath that you cannot attribute to another health condition?

\_\_\_ A new sore throat that you cannot attribute to another health condition?

\_\_\_ New muscle aces that you cannot attribute to another health condition and that are not caused by a specific activity (such as physical exercise)?

\_\_\_ A new headache that you cannot attribute to another health condition?

\_\_\_ New loss of smell or taste that you cannot attribute to another health condition?

\_\_\_ Vomiting or diarrhea that you cannot attribute to another health condition?

\_\_\_ Are you under evaluation for COVID-19 (e.g. waiting for results of a viral test to confirm infection)?

\_\_\_ Have you been diagnosed with COVID-19 and not yet been cleared to discontinue isolation?

\_\_\_ I have experience **none** of these

## To the best of your knowledge, during the past 14 days, have you been within 6 feet of a person with a pending or lab confirmed case of COVID-19 for at least 15 minutes, had direct contact with that person’s mucus or saliva, or been contacted by public health and told you were in close contact with someone known to have COVID-19?

## Students, Faculty, and staff in clinical settings please read the following information prior to answering this question.

Clinical Settings Information  
Students and employees who participate in or facilitate i) the delivery of an education program that involves working with COVID patients in a clinical setting or ii) the delivery of college or university sponsored medical services to such patients, are required to complete the screening tool, but are allowed to come to campus, provided that i) these individuals wear appropriate personal protective equipment during all such contacts with COVID patients, ii) these individuals have not been in close contact with a positive or pending COVID case outside the clinical setting, and iii) they are not exhibiting symptoms. **In these cases, individuals can answer "No" to the 2nd screening question related to being in close contact with a positive or pending COVID case.**

\_\_\_ Yes

\_\_\_ No

# Did you answer NO to all questions?

Access to University facilities is approved. Please show this for to University/Security staff at any of the designated access points. Thank you for helping us to protect you and others during this time.

# Did you answer YES to ANY QUESTION?

Access to University facilities is NOT APPROVED. Please see page 4 for further instructions. Thank you for helping us protect you and others during this time.

The Screening You Completed Indicates That You May Be At Increased Risk For COVID-19

**If you are not feeling well, we hope that you feel better soon!**

# Here are instructions for what to do next:

1. If you are not already at home, please avoid contact with others and go straight home immediately.
2. Call your primary care provider or a health clinic for further instructions, including information about COVID-19 testing.
3. Contact your supervisor (if you are an employee), faculty member (if you are a student), or your contracting company (if you are a contractor or vendor) to discuss options for telework and/or leave.

## Before going to a healthcare facility, please call and let them know that you may have an increased risk for COVID-19.

In the case of a life-threatening medical emergency, dial 911 immediately!

More information can be found on the Metropolitan State University Website’s COVID-19 Response page - <https://www.metrostate.edu/notices/covid-19>