



# Health Self-Assessment

Please fill out this Health Self-Assessment if you are a student or employee who has tested positive for COVID or experience symptoms of COVID. If you start to feel sick during your shift or class, go home and follow the steps below:

1. Email your instructor or supervisor
2. Email Human Resources  
CovidCaseTeam@cnm.edu

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

**Are you experiencing any of the 11 symptoms below?**

Yes     No

- Fever (temperature over 100.3 °F) without having taken any fever reducing medications
- Loss of smell or taste
- Muscle aches
- Sore throat
- New cough
- Shortness of breath
- Chills
- Headache
- Gastrointestinal, such as nausea/vomiting, diarrhea, loss of appetite
- Congestion or runny nose
- Fatigue

**Have you, or anyone you have been in close contact with been diagnosed with or are showing symptoms of, COVID-19?** (If you work or volunteer in the healthcare field or as a first responder and your close contact comes from serving COVID patients while wearing the appropriate Personal Protective Equipment at all times during this work, you are exempt from this question and can answer No.)

Yes     No

**Have you been asked to self-isolate or quarantine by a medical professional or a local public health official?**

Yes     No

**Within the last fourteen (14) days, have you or anyone in your household traveled to any high-risk states as listed on the [State of New Mexico's website](#)?**

Yes     No

**Area(s) for access:** List all buildings and rooms you will be visiting.

Campus/Site \_\_\_\_\_ Building \_\_\_\_\_ Room \_\_\_\_\_

**Purpose of visit**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Financial Aid        | <input type="checkbox"/> Talk to advisor | <input type="checkbox"/> Take a test         |
| <input type="checkbox"/> Make a payment       | <input type="checkbox"/> Meet with tutor | <input type="checkbox"/> General information |
| <input type="checkbox"/> Register for a class | <input type="checkbox"/> Library         | <input type="checkbox"/> Turn in paperwork   |
| <input type="checkbox"/> Get an ID            | <input type="checkbox"/> Computer lab    | <input type="checkbox"/> Other _____         |