

The following questions are designed to identify potential symptoms or exposure that you may have or have had recently related to COVID-19. They are not intended as a clinical diagnosis.

Your Name _____

Date _____

1. **Have you been in close contact (less than 6 feet away for 15 minutes or more WITH or WITHOUT face coverings) with someone diagnosed with COVID-19? Y/N**
2. **Have you been notified that you may have been exposed to COVID-19 in the past 10 days? Y/N**
3. **Have you either been recommended or required by a medical or public health professional to self-quarantine or isolate at this time? Y/N**

4. Are you currently experiencing any of the following symptoms of COVID-19?

- Fever over 100.4 Y/N
- Shivery or chills Y/N
- Cough Y/N
- Shortness of breath or difficulty breathing Y/N
- Fatigue Y/N
- Muscle or body aches Y/N
- Headache Y/N
- New loss of taste or smell Y/N
- Sore throat Y/N
- Congestion or runny nose Y/N
- Nausea, diarrhea, or vomiting Y/N

*If you have some symptoms but know that they relate to an existing condition, then those don't qualify as symptoms of COVID-19. Examples might be all allergies, chronic headaches, or body pain, etc.

Thank you for taking this assessment. Please return it to the conductor, applied instructor or guest artist faculty host in charge of this concert.

If you have any symptoms of Covid-19 you will be administered a rapid antigen test by the concert supervisor. A positive test will require you to leave the facility and skip this performance. If you are a registered student, please report a positive test using the Titans Return Website.

Refusal to take this assessment may result in your not being allowed to perform.