Wayland Baptist University Health Survey

____________________________________  _______________________________________
First Name                                      Last Name

____________________________________  _______________________________________
Email                                           Phone Number

What best describes you to WBU?

☐ Guest - Non WBU
☐ Plainview Campus Student
☐ External Campus Student
☐ Faculty/Instructor
☐ Staff

The following symptoms have been established as COVID-19 symptoms by the CDC and federal health officials: cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit, known close contact with a person who is lab confirmed to have COVID-19. If you are experiencing any of the COVID-19 symptoms you are required to contact WBU Health Services at 806-729-6336 or email dillardc@wbu.edu

Are you experiencing ANY of the above symptoms?

☐ Yes
☐ No

Are you currently (or have you already) placed yourself in self-isolation because of where you recently traveled?

☐ Yes
☐ No

Have you recently been in contact with anyone confirmed or suspected to have COVID-19?

☐ Yes
☐ No

Which country or countries have you traveled to in the last 2 weeks? Please indicate all locations including airport layovers.

☐ Mainland China
☐ Europe
☐ Iran
☐ Italy
☐ South Korea
☐ Japan
☐ None of the above
☐ Other

Domestic travel - please list all cities and states where you traveled in the past 2 weeks.

I have been on a cruise in the past 30 days.

☐ Yes
☐ No