

# Wayland Baptist University Health Survey

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First Name

Last Name

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Email

Phone Number

What best describes you to WBU?

Guest - Non WBU

External Campus Student

Plainview 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 \_\_\_\_\_

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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

