TCNJ COVID-19
Self Check

Please answer these questions immediately prior to coming to campus. Answering any YES to any of these would trigger a red pass and you should NOT come to campus.

1. Have you tested positive for COVID-19 in the last 10 days?
2. Do you have any of the following symptoms?
   a. fever or chills
   b. new onset of cough or worsening of chronic cough
   c. new onset or worsening of chronic shortness of breath or difficulty breathing
3. Do you have any of the following symptoms that are unusual for you: Sore throat, muscle or body aches, new loss of taste or smell, vomiting or diarrhea, new onset of headache
   a. two or more of these symptoms
   b. one of these symptoms
4. If unvaccinated, have you had close contact with someone who is confirmed as having COVID-19 in the past 14 days?
   a. If your close contact occurred while you were working as a healthcare professional, did you have a breach of PPE?