

COVID-19 STUDENT SELF-REPORTING FORM

Morton College is monitoring the coronavirus disease (COVID-19) closely. We are committed to keeping the campus community safe.

Please report using this form if you meet one of the following criteria:

(1) You are known to have COVID-19 by medical diagnosis or by testing positive - even if you are not showing symptoms of COVID-19. (REQUIRED TO REPORT)

(2) You have been informed that you were in close contact with another person who was medically diagnosed or tested positive for COVID-19.

(3) You have any of the following symptoms of COVID-19:

- | | | |
|------------------------|----------------------------|--------------------------|
| Fever or chills | Fatigue | Sore throat |
| Cough | Muscle or body aches | Congestion or runny nose |
| Shortness of breath or | Headache | Nausea or vomiting |
| Difficulty breathing | New loss of taste or smell | Diarrhea |

If you have been exposed to someone who was medically diagnosed or tested positive for COVID-19, or if you have any of the above symptoms, please take the following action steps which are consistent with [Centers for Disease Control and Prevention guidance](#):

1. Quarantine by yourself for 14 days from the time you last had close contact with a person known to have COVID-19.
2. Monitor your symptoms; if they worsen, contact your health provider.
3. Practice physical distancing and wear a cloth face covering.

BACKGROUND INFORMATION

By completing this form, you agree that an employee of the college will contact you to provide any needed resources and support. All personal information provided is confidential. The Morton College employee will not reveal your identity to people you had contact with.

Full Name: _____ **Student ID #** _____

Phone #: _____ **Email Address:** _____

Home Address: _____

City, State: _____ **Zip code:** _____



QUESTIONS

Have you been diagnosed with COVID-19 by a health care provider?(Required)

Yes No Unknown

If yes, date of contact or exposure (MM/DD/YYYY):

Time of contact or exposure:

Location of contact (if known) (Required):

Have you been in close contact with a person who has tested positive or has been medically diagnosed with COVID-19? (Required)

Yes No Unknown

If yes, date of contact or exposure (MM/DD/YYYY):

Time of contact or exposure:

Location of contact (if known) (Required):

Have you been to campus since the exposure or onset of symptoms?(Required)

Yes No

If yes, please describe what campus location you visited, where you went, and what you did while on campus.

Supporting Documentation

Please email doctors note, photos, video, email, and other supporting documents to deanofstudents@morton.edu

ADDITIONAL INFORMATION

Submit completed form with documentation to deanofstudents@morton.edu

All information collected is confidential and will only be routed to campus officials with a legitimate need to know.

For more information about the disease and safety measures Morton College has taken, visit our page www.morton.edu.

Thank you for self-reporting. Keep Morton College safe !