

UNIOSUN STUDENT PRELIMINARY ASSESSMENT FORM FOR COVID-19 STATUS.

Q1. Are you having

- a) a very hard time waking up?
- b) confused feeling?
- c) difficulty in breathing (e.g., struggling for each breath, speaking in single words)?
- d) loss of consciousness?
- e) severe chest pain?

| YES | ND | |
|-----|----|--|
| | | |

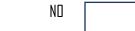
Q2. Are you having:

- a) shortness of breath at rest?
- b) inability to lie down because of difficulty in breathing?
- c) chronic health conditions that you are managing because of your current respiratory illness?

NΠ

Q3. In the last a week and a half, did you experience

- a) fever?
- b) new onset of cough or worsening of chronic cough?
- c) new or worsening shortness of breath?
- d) new or worsening difficulty breathing?
- e) sore throat?
- f) runny nose?



Q4. Do you experience any of the following:

- a) Chills?
- b) Conjunctivitis (pink eye)?
- c) Feeling unwell, fatigue or severe exhaustion?

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- d) Headache?
- e) Loss of sense of smell or taste?
- f) Muscle or joint ache?
- g) Nausea, vomiting, diarrhea or unexplained loss of appetite?
- h) Painful swallowing?

| i) Stuffy nose? | /ES NO | | |
|--|--------|--|--------------------|
| Q5. In the past 14 days, did who is confirmed as ha | - | ide of Nigeria, or did you have close co | ntact with someone |
| | YES | ND | |
| STUDENT NAME: | | | |
| MATRIC NUMBER: | | | |
| DEPARTMENT: | | | |
| <u>PHDNE:</u> | | | |

UNDERTAKING BY PARENTS/GUARDIAN

I hereby confirm that the information provided above by my child/ward is correct.

| PARENT NAME: | |
|--------------|--|
| SIGNATURE: | |
| DATE: | |
| PHONE: | |

| ne preliminary assessment for COVID-19 status of the under listed student has be | en carried out. |
|--|---------------------|
| S/he should be allowed to participate in all academic activities | |
| NAME | |
| MATRIC NUMBER: DEPARTMENT: | Passport Photograph |
| FACULTY / COLLEGE | |
| | |
| | |
| | EXPIRY DATE |