Clients visiting clinics on UNT campuses will be screened for possible COVID-19 symptoms. Clients must provide a verbal response to the screening questions. If the client answers yes to any of the screening questions, suspend services until the client has been evaluated by a healthcare professional and is determined any symptoms are not due to COVID-19.

Have you had any known contact (direct contact or a live-in contact) with someone who has a confirmed case of COVID-19 or unexplained respiratory illness in the past 14 days?

YES____  NO_____

Are you experiencing any of the following new or worsening symptoms of possible COVID-19?

Fever of 100.4° or higher   YES____  NO_____
Cough                        YES____  NO_____  
Shortness of breath or difficulty breathing  YES____  NO_____  
Sore throat, congestion or runny nose   YES____  NO_____  
New loss of taste or smell      YES____  NO_____  
Muscle or body aches            YES____  NO_____  
Nausea, diarrhea or vomiting  YES____  NO_____  
Fatigue                       YES____  NO_____  
Headache                      YES____  NO_____  

If you have been identified as having any other illnesses (e.g., influenza), please adhere to medical guidelines concerning the length of time you are contagious or showing symptoms and return for services accordingly.

If you have had known close contact with a person who is lab confirmed to have COVID-19, contact the COVID Hotline at 844-366-5892 or email: COVID@unt.edu.


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