

IF YOU HAVE ANY OF THE FOLLOWING SYMPTOMS:



COUGH



FEVER



SHORTNESS OF
BREATH

PLEASE STAY IN YOUR ASSIGNED ROOM



SCAN ME

Complete this
self-report form

Contact your medical
provider to discuss
symptoms

Complete the
self-report form

Wait for further instructions
from Residence Life

WE'RE IN THIS TOGETHER

THE UNIVERSITY *of* MONTANA WESTERN