

When do you report?



CLOSE CONTACT EXPOSURE

COVID-19 ILLNESS

YES

**YOU ARE A MEMBER OF THE
AGGIE COMMUNITY**

YES

**YOU SPENT SOME TIME WITH A PERSON
WHO TESTED POSITIVE FOR COVID-19**

**YOU WERE WITHIN 6 FEET
FOR AT LEAST 15 MINUTES**

YES

**YOU SHARED FOOD,
DRINKS, OR UTENSILS**

YES

**YOU WERE KISSED,
COUGHED OR
SNEEZED ON**

YES

**YOU LIVE WITH OR CARE
FOR A PERSON WITH
COVID-19**

YES

REPORT IT

**campus_health@nmsu.edu
575-646-7375**

**YOU TESTED
POSITIVE
FOR COVID-19**

YES

**YOUR DOCTOR
CONFIRMS OR
SUSPECTS YOU
HAVE COVID-19**

YES

**YOU HAVE
SYMPTOMS
OF COVID-19**

YES

**IF THE
SYMPTOMS ARE
NOT DUE TO
ANOTHER
ILLNESS OR
CONDITION**