



# Visitors Daily Screening

Prior to arrival on campus, please ask yourself these questions:

## 1. Body temperature of 100°F?

*Have a body temperature of 100°F or more (or feel like you have a fever if you do not have a thermometer available to measure your temperature)?*

Yes

No, my temperature is normal

## 2. Have any ONE of the following symptoms?

*Symptoms:*

- 1. new and/or unexplained cough.*
- 2. shortness of breath.*
- 3. trouble breathing.*

Yes

No, I do not have any of the symptoms listed above

## 3. Have at least TWO of the following symptoms?

- A. chills.*
- B. repeated shaking with chills.*
- C. muscle pain.*
- D. headache.*
- E. sore throat.*
- F. new loss of taste or smell.*

Yes

No, I do not have two of the symptoms listed above

## 4. Tested positive for COVID-19 in the last 14 days?

Yes

No, I have not tested positive for COVID-19 in the last 14 days

## 5. Had close contact with someone who tested positive for COVID-19?

*Close contact is defined as being less than 6 feet away from an individual who is COVID-19 positive or suspected positive for 15 minutes or more, or has someone in their household who has tested positive for COVID-19.*

Yes

No, I have not had close contact with someone who tested positive for COVID-19

**6. If you answered "No" to all the questions, you ARE CLEARED to come on campus today. Please complete and drop off your screening slip when you report to the meeting location.**

**If you answered "Yes" to ANY of the questions above, you are NOT CLEAR to come on campus.**

\*Please return this completed slip to the individual hosting the event upon your arrival\*

I have completed the COVID-19 Daily Self-Screening. Based on my responses to the self-screening:

**I am clear to be on campus today.**

If you answered “Yes” to ANY of the questions, you are NOT CLEAR to be on campus today.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_