



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: _____