

UCN BUILDING COVID-19 ENTRY QUESTIONNAIRE

Please print the following information:

Name: _____

Purpose of Visit: _____

Mailing Address: _____

Phone: _____

Email Address: _____

1. Have you washed your hands or used alcohol-based hand rub (ABHR) on entry?

- Yes
 No – Please do so immediately.

2. Do you have any of the following respiratory symptoms?*

- New or Changed Cough
 Shortness of Breath

Or, do you have any of the following symptoms?*

- | | |
|-------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Nausea or Vomiting |
| <input type="checkbox"/> Repeated Shaking with Chills | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Fever of more than 99.5° F in the last week |
| <input type="checkbox"/> New Loss of Taste or Smell | |

***If yes to any of the symptoms above, YOU MAY NOT REMAIN ON THE PREMISES!**

Have you had contact with someone who has COVID-19 in the last 14 days?

- Yes – **YOU MAY NOT REMAIN ON THE PREMISES!**
 No

3. Check temperature at UCN and document results: _____

Temperature greater than 99.0° F when checked with UCN's laser thermometer?

- Yes – **YOU MAY NOT REMAIN ON THE PREMISES!**
 No – Continue screening

Upon entry into the building, I will follow all the rules and procedures established by UCN and:

- Wear a facemask covering nose and mouth at all times, while I am in the building.
- Wash my hands or use ABHR throughout my time in the building.
- Not shake hands with, touch, or hug individuals during my visit.
- Restrict my presence only to rooms or areas designated for the purpose of my visit.

Signature: _____ Date: _____