

Subj: CRITERIA FOR SUBMISSION OF THE UTSI HEALTH QUESTIONNAIRE FOR VISITORS

Required: for visits of 10 minutes or longer, short courses, tours, outside groups reserving facilities.

Not required: Deliveries, drop-n-go's, visits of 10 minutes or less.

Note: For campus visits or room use of longer than one day, the attached sign in roster will be used. Prior to the start of the event for the day, the sponsoring POC will verify that the roster has been completed by all attendees and that their status has not changed from the submission of the initial form. Those that have had a status change will not be allowed to remain and it will be the responsibility of the sponsoring POC to inform that individual that they will need leave. The completed roster will be provided to the UTSI COVID-19 Coordinator by 1200 each day.

For questions, contact the UTSI COVID-19 Coordinator, Scott Van Zandbergen at 393-7260 or [svanzand@utsi.edu](mailto:svanzand@utsi.edu).

Attachments:

- A. UTSI Health Questionnaire for Visitors
- B. UTSI Health Questionnaire Roster



**UTSI Health Screening Form for Visitors**

In an effort to reduce the risk of COVID-19 exposure to the UTSI campus community, all visitors must complete a health screening form for the initial day of the visit. For visits that are longer in duration than one day, you will be required to sign a roster verifying that your condition has not changed since the submission of the initial form. If your condition has changed, you will not be allowed on campus. Please return the form to the sponsoring department who will in turn forward to the UTSI COVID-19 Coordinator, Scott Van Zandbergen, email [svanzand@utsi.edu](mailto:svanzand@utsi.edu). This form is to be submitted three working days prior to your initial visit in order to allow time to screen the forms.

**Sponsoring Department Information – Date of Visit:**

Sponsoring Dept/Section:

Sponsoring Dept/Section POC:

POC Email:

Reason for Visit:

**Visitor Information**

Visitor Name:

Visitor Phone:

Visitor Email:

**Self-Declaration by Visitor**

Have you been advised to quarantine/isolate by a medical provider or the health department?

Yes                  No

In the last 14 days, have you had face-to-face contact for 10 minutes or more with someone who has or is suspected of having COVID-19?

Yes                  No

Are you experiencing a new cough, shortness of breath or difficulty breathing?

Yes                  No

In the past 48 hours, have you had at least two of the following new symptoms: fever, chills, repeated shaking chills, muscle pain, headache, sore throat, vomiting, diarrhea or loss of taste or smell?

Yes                  No

Was your temperature 100.4 or above this morning?

Yes                  No

Visitor Signature:

Date:

**For Internal Use: \*\*\*Visitors answering yes to any of the above questions will not be permitted access to the UTSI campus.\*\*\***

Access:              Approved

Disapproved

Approving Authority Name:

Approving Authority Signature:

