

**COVID – 19 Screening Form**

We are currently screening persons coming to our campus. Please complete the information below:

|  |  |
| --- | --- |
| Name: | Phone Number: (mobile/home) |
| Reason for visit: | School Contact:  |
| Self–Declaration for Campus Entry/Re-Entry |
| 1.\*\* | Have you traveled internationally in the past 14 days? **Yes** [ ]  **No**[ ]  |
| 2.\*\* | Have you been in close contact with anyone who has traveled internationally in the past 14 days? **Yes**[ ]  **No**[ ]   |
| 3.\*\* | Have you had close contact with or cared for someone who has been quarantined for COVID-19 or diagnosed with COVID –19 (coronavirus) in the last 30 Days?**Yes**[ ]  **No**[ ]  |
| 4.\*\* | Have you visited a health care facility where people with COVID- 19 are being cared for or treated? (Hospital, walk-in clinic, emergency room, nursing home)**Yes**[ ]  **No**[ ]  **Unknown**[ ]  |
| 5.\*\* | Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, sore throat, respiratory illness, difficulty breathing)? **Yes**[ ]  **No**[ ]  |
| 6.\* | In the past 14 days have you been around anyone who has had cold or flu-like symptoms (fever, cough, sore throat, respiratory illness, difficulty breathing)?**Yes**[ ]  **No**[ ]  |
| 7.\* | Have you traveled domestically by air or train in the last 14 days?**Yes**[ ]  **No**[ ]  **If yes please explain where, including airport layovers:** |
| 8. | Have you traveled to a location other than your primary residence and stayed overnight there in the last 14 days? **Yes**[ ]  **No**[ ]  **If yes please describe where you have been, how you traveled, and if you attended any gatherings or events of more than 10 people.** |

**If the answer is “yes” to any of these questions, access to our campus or certain facilities may be denied.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_
Please return a completed copy of this form electronically by (E-Mail) or by hand to the Director of Facilities or Director of Security eposs@sms.edu or lramsay@sms.edu.
Access to Saint Mary’s Campus (circle one) **Approved Denied** Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_