

COVID-19 – Health Screening Form

To protect the safety of the College community during the COVID-19 pandemic, for as long as recommended by the College’s COVID-19 Safety Team, employees, students, or visitors who are experiencing any of the symptoms of COVID-19 and/or have a temperature of 100.4 or above may not enter College property. This form must be completed prior to entering the College. No person may enter College property without submitting to a medical and/or temperature screening and completing this form. The information collected through this screening process will be kept confidentially and will be used only for legitimate institutional purposes.

Note: If you have a legitimate medical reason why you cannot participate in the health screening, or you have a non-COVID-19 related health condition that might cause you to exhibit COVID-19 symptoms including a fever, you must contact Human Resources (for employees) or the Dean of Students (for students) prior to attempting to enter the premises.

Name: _____

J#: _____

Employee Student Visitor **(check one)**

Supervisor Name (for employees): _____

	Yes	No	
Have you tested positive for or been diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently experiencing, or have recently experienced any COVID-19 symptoms such as fever, cough, shortness of breath, difficulty breathing, chills, new loss of taste or smell, diarrhea or vomiting? (the full list of symptoms is available here)	<input type="checkbox"/>	<input type="checkbox"/>	
In the last 14 days, have you been in close contact with any persons diagnosed with COVID 19?	<input type="checkbox"/>	<input type="checkbox"/>	
In the last 14 days, have you travelled to any state listed in the Commonwealth’s COVID-19 travel advisory (available here or see list on page 2).	<input type="checkbox"/>	<input type="checkbox"/>	
In the last 14 days, have you participated in any social gathering that did not comply with public health guidelines (e.g., no masks, no appropriate social distancing; no reduced crowds, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a temperature of 100.4 or above?	Yes	No	Unknown
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

Signature: _____

Date: _____

**States with High Risk of COVID-19 Transmission
(as classified by the Commonwealth of Pennsylvania)**

- Alabama
- Arizona
- Arkansas
- California
- Florida
- Georgia
- Idaho
- Iowa
- Kansas
- Louisiana
- Mississippi
- Nevada
- North Carolina
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Utah