

# Columbia University Facilities and Operations Health Screening Form

*All visitors and vendors must fill out this form before entering Columbia University Buildings/Locations. This form must be returned to the primary contact person of your service contract.*

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

Vendor/Visitor name: \_\_\_\_\_ Tel No: \_\_\_\_\_

University Contact Name: \_\_\_\_\_ Building/Work Area: \_\_\_\_\_

- **IMPORTANT NOTICE:** If you develop symptoms while on the premises, you must immediately leave the campus and contact your employer for appropriate guidance.

**To the best of my knowledge, select any of the following:**

You have experienced any symptoms of COVID-19 in the past 14 days (fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, sore throat, abdominal pain/diarrhea, new loss of taste or smell, or other symptoms of COVID-19).

- I have been cleared by a healthcare provider, Human Resources or Leave Management to come to campus
- I have not yet been cleared by a healthcare provider, Human Resources or Leave Management\*
- I have only fatigue, headache, and/or muscle/joint aches that began within 2 days of COVID vaccination AND lasted for 3 days or less AND I feel well enough to work

You knowingly have been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID- 19 or who has had symptoms of COVID-19

- I have been notified by a contact tracer that I am a close contact and am following quarantine guidance\*
- I have NOT been identified as a close contact (within 6 feet for more than 10 mins) requiring quarantine
- I am fully vaccinated (more than 2 weeks after the second dose for 2-dose vaccines; more than 2 weeks after vaccination for 1-dose vaccines), and have no symptoms

You tested positive for COVID-19 in the past 14 days\*

**(Please check all that apply if you have tested positive for COVID-19 in the past 14 days)**

- More than 10 days have passed since onset of symptoms or the date of the positive test
- I have had no fever within the past 24 hours without the use of fever-reducing medications
- My other symptoms have improved

None of the above

\*Should these statements be checked, you will not be allowed to enter any University building/location and you should immediately notify your employer.

To the best of my knowledge, I certify that the information submitted on this form is true and correct.

Visitor/Vendor Name (Printed): \_\_\_\_\_

Visitor/Vendor (Signature): \_\_\_\_\_

Questions are from the NY State Interim Guidance for Higher Education Research During the COVID-19 Public Health Emergency.

Source: *New York State Department of Health*