# Columbia University 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.**

<table>
<thead>
<tr>
<th>Date: ____________________________</th>
<th>Company Name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor/Visitor name: ____________________________</td>
<td>Tel No: ____________________________</td>
</tr>
<tr>
<td>University Contact Name: ____________________________</td>
<td>Building/Work Area: ____________________________</td>
</tr>
</tbody>
</table>

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

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

1. I 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, or new loss of taste or smell)

2. I tested positive for COVID-19 in the past 14 days

3. I 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 or had symptoms of COVID-19 or have traveled to any of the states listed in Governor Cuomo’s Executive Order 205-outside of clinical research, clinical care or clinical training

4. None of the above

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- Should statements 1, 2, and/or 3 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: ____________________________________________________________

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*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

Updated as of 7/7/2020 2:46 PM