

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. Furthermore, I agree to follow all Columbia University safety protocols which currently include wearing face coverings indoors. I understand that failure to comply with safety protocols will result in being asked to leave.

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*