Daily monitoring of one’s health and well-being prior to entering a workspace can aid in early detection of COVID-19 and is an effective measure to prevent community spread. Please take a moment to help keep the building tenants, occupants, and vendors working safely by reading below and answering the questions.

**The Medical School requires any employee, visitor or vendor who is ill or has any symptoms of COVID-19 to not come to campus.** If you answer yes to any of these questions, contact your company and your physician and do not access any Medical School facility. This signed form shall be submitted to your campus point of contact each day prior to accessing the campus facilities. Symptoms of COVID-19 include:

* Cough
* Shortness of breath or difficulty breathing
* Fever or chills
* Fatigue
* Muscle pain/aches
* Headache
* New loss of taste or smell
* Congestion or runny nose
* Sore throat
* Gastrointestinal symptoms such as nausea/vomiting, diarrhea, loss of appetite

**Please complete the following prior to entering the premises:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Have you experienced any of the symptoms above now or in the past 72 hours? | Yes: \_\_\_\_\_ | No: \_\_\_\_\_\_ |
| 2. | In the past 14 days have you returned from travel to any state outside of Massachusetts, Connecticut, New Hampshire, Maine, Vermont, New York, New Jersey, or any locations outside of the United States? | Yes: \_\_\_\_\_ | No: \_\_\_\_\_\_ |
| 3. | In the past 14 days have you traveled by air/passed through an airport or traveled by cruise ship? | Yes: \_\_\_\_\_ | No: \_\_\_\_\_\_ |
| 4. | In the past 14 days have you had close contact (within six feet for 15 minutes or more) with someone who is confirmed to be ill with COVID-10 or asymptomatic but tested positive for COVID-19? | Yes: \_\_\_\_\_ | No: \_\_\_\_\_\_ |
| 5. | In the past 14 days have you stayed overnight in Rhode Island?  Note: Individuals who commute from Rhode Island at one day per week are not considered travelers and should check 'no'. | Yes: \_\_\_\_\_ | No: \_\_\_\_\_\_ |

Vendor Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Employee Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide your reason for entering the premises: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Campus Point of Contact (POC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number for Campus POC:\_\_\_\_\_\_\_\_\_\_