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 **NO** to any of these questions, contact your company and your physician and do not access any Medical School facility. An electronic version of 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:

|  |  |  |
| --- | --- | --- |
| * Fever or chills
* Cough

Shortness of breath | * Muscle pain/aches
* New loss of taste or smell
* Vomiting or diarrhea
 | * Sore throat
* Headache
* Nasal congestion/runny nose
 |

**Please complete the following prior to entering the premises. Fully vaccinated against COVID-19 is defined as 14 days after one dose of Johnson and Johnson or after the second dose of Pfizer, Moderna or any \*WHO-approved COVID-19 vaccine.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Are you fully vaccinated against COVID-19 (14 days after one dose of Johnson and Johnson or second dose of Pfizer, Moderna or any \*WHO-approved COVID-19 vaccine)? For CANDO research subjects, please answer ‘yes’. | Yes: \_\_\_\_\_ | No: \_\_\_\_\_\_ |
| 2. | Do you attest that you have had NO SYMPTOMS of COVID-19 now or in the past 5 days (see list above)? Please answer ‘yes’ if you have provided documentation to your UMMS point-of-contact that you have had recent COVID-19 but have been cleared from isolation by a healthcare provider. | Yes: \_\_\_\_\_ | No: \_\_\_\_\_\_ |
| 3. | Do you attest that you have NOT returned from international travel in the past 14 days? Please answer ‘yes’ if you:- have provided documentation to your UMMS point-of-contact that you have been diagnosed with COVID-19 in the past 90 days but have been cleared from isolation by a healthcare provider.- are coming to UMMS for a clinical patient care visit- have submitted a negative COVID-19 test to your POC within 72 hours of arrival\*Per UMMS Travel Policy, you should obtain a COVID-19 PCR test 3 – 5 days after return to MA  | Yes: \_\_\_\_\_ | No: \_\_\_\_\_\_ |
| 4. | Do you attest that in the past 14 days you have had NO CLOSE CONTACT (within six feet for 15 minutes or more over 24 hours) with someone who is confirmed to be ill with COVID-19 or who is asymptomatic but tested positive for COVID-19? Please answer ‘yes’ if you:- have been diagnosed with COVID-19 in the past 90 days | Yes: \_\_\_\_\_ | No: \_\_\_\_\_\_ |

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

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

Vendor Employee Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\*WHO-approved vaccines include Oxford/AstraZeneca AZD1222, Serum Institute of India COVISHIELD, SinoVac, SinoPharm BBIBP-CorV, SinoVac CoronaVac