

Visitor Name:

Email Address:

Phone Number:

Visitor Host Name:

By signing below, I attest that I have not experienced any of the below symptoms, not associated with a chronic illness, in the last 24 hours:

- Fever of 100.4°F (38°C)
- Chills
- Cough
- Shortness of Breath or Difficulty Breathing
- Fatigue
- Muscle Aches
- Headache
- Loss of Taste or Smell
- Sore Throat
- Congestion or Runny Nose
- Nausea or Vomiting
- Diarrhea
- Pain, swelling or rash on toes or fingers

And

- I have not been a close contact of anyone who is suspected or confirmed positive for COVID-19 in the last 14 days. A close contact is defined as being within 6 feet of an individual for 15 minutes or more during their infectious period.
- I have not been told to isolate or quarantine in the last 14 days.

Signature:

Date:

If you are experiencing any of these symptoms, been a close contact, or been told to quarantine or isolate, you should leave campus immediately and seek medical attention if necessary.

*Move-in staff will sort and deliver completed forms to either the COVID testing location or University Police.*