



COVID-19 CAMPUS SELF-SCREENING FORM

Protecting you and everyone on campus remains our primary concern. Cleveland University-Kansas City is closely monitoring the situation as the coronavirus (COVID-19) outbreak continues to evolve and spread globally.

To help prevent the spread of COVID-19, we are conducting a simple screening questionnaire of ALL individuals entering the campus. Your participation is vitally important, and access to campus depends upon your responses.

I am a: Employee Student Visitor Patient

CONTACT INFORMATION:

Name: _____

Mobile Number: _____ Floor Location: _____

Email Address: _____

EMPLOYEE DETAILS:

Department: _____

VISITOR DETAILS:

Visitor's Company Name: _____

Name of University Host: _____

**Are you showing any signs of one or more of the following symptoms?
Temperature greater than 100.4°F or higher, cough, shortness of breath,
difficulty breathing, tiredness?**

Yes No

Have you been exposed to someone with COVID-19 positive test results?

Yes No

Is the information you provided on this form true and correct to the best of your knowledge?

Yes No

I understand that by entering campus, I agree to abide by all campus policies.

Yes No

Signature: _____

Date: _____ Time: _____