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:_______