

## UTK Health Screening Form for Visitors

In an effort to reduce the risk of COVID-19 exposure to the UTK campus community, all visitors must complete a health screening form each day for the duration of an event.

### Sponsoring Department Information

Sponsoring Department's Name:

Sponsoring Department's Contact Person:

Email of Sponsoring Department's Contact Person:

### Visitor Information

Visitor's Name:

Visitor's Email:

Visitor's Phone #:

Reason for Visit:

### Self-Declaration by Visitor

Have you been advised to quarantine/isolate by a medical provider or the health department?

Yes                      No

In the last 14 days, have you had face-to-face contact for 10 minutes or more with someone who has or is suspected of having COVID-19?

Yes                      No

Are you experiencing a new cough, shortness of breath, or difficulty breathing?

Yes                      No

In the last 48 hours, have you had at least two of the following new symptoms: fever, chills, repeated shaking chills, muscle pain, headache, sore throat, vomiting, diarrhea or loss of taste or smell?

Yes                      No

Was your temperature 100.4 or above this morning?

Yes                      No

Signature (visitor): \_\_\_\_\_

Date: \_\_\_\_\_

For Internal Use:

**\*\*\* Visitors answering yes to any of the above questions will not be permitted access to the UTK campus. \*\*\***

Access to Facility: Approved       Denied

Sponsoring Department Employee Name:

Sponsoring Department Employee Signature:

Name of Sponsoring Department: