

## UTK Health Screening Form for Visitors and Vendors

In an effort to reduce the risk of COVID-19 exposure to the UTK campus community, visitors and vendors must complete a health screening form each day for the duration of an event or visit and return it to the sponsoring department. Visitors and vendors answering yes to any of the screening questions will not be permitted access to the UTK campus.

### Sponsoring Department Information

Sponsoring Department's Name:

Sponsoring Department's Contact Person:

Email of Sponsoring Department's Contact Person:

### Visitor/Vendor Information

Visitor/Vendor Name:

Visitor/Vendor Email:

Phone #:

Reason for Visit:

### Self-Declaration by Visitor/Vendor

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

Yes                      No

Are you currently awaiting COVID-19 test results?

Yes                      No

Excluding situations where students or employees of a healthcare profession have been wearing appropriate professional PPE in their patient care settings, in the last 14 days, have you had close contact (i.e. less than 6 feet of physical distance) for 10 minutes or more with someone who has or is suspected of having COVID-19?

Yes                      No

Are you experiencing a cough, shortness of breath, or difficulty breathing which is new or not explained by a pre-existing condition?

Yes                      No

In the last 48 hours, have you had at least two of the following symptoms which is new or not explained by a pre-existing condition: fever, chills, repeated shaking chills, fatigue, muscle pain, body aches, headache, sore throat, nasal congestion or runny nose, vomiting, diarrhea, or loss of taste or smell?

Yes                      No

Was your temperature 100.4 or above just prior to taking this self-screen?

Yes                      No

Signature  
(visitor/vendor): \_\_\_\_\_

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

For Internal Use:

**Visitors/Vendors 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: