THE UNIVERSITY OF ALABAMA IN HUNTSVILLE

VISITOR HEALTH CHECK

By filling out this form, I pledge to provide only correct and truthful information when completing this screening and to follow the protocols listed below. If you have a temperature of more than 100.4°F or answer yes to any question below, please arrange to go home and seek professional medical advice right away.

Protocols

- Wash your hands for at least 20 seconds upon entry into the building.
- Do not shake hands with, touch, or hug others during your time in the building.
- Do not congregate in close proximity with others.
- Wear a face covering at all times while on campus.

Symptoms

Within the past 24 hours, have you experienced any symptoms consistent with a viral syndrome such as fever, cough, shortness of breath, or flu-like symptoms?

_______ Yes  ______ No

Exposure

Within the past 14 days, have you tested positive for COVID-19 or had in-person contact with any individual with positive COVID-19 lab results?

_______ Yes  ______ No

Within the past 14 days, has anyone you have been in contact with (friends, acquaintances, customers, etc.) notified you to say they are showing symptoms of COVID-19?

_______ Yes  ______ No

Have you traveled out of the country in the past 30 days?

_______ Yes  ______ No

Full Name ____________________________________________

Signature __________________________________________ Date ____________

Disclaimer: This document is to be used for guidance. It does not supersede local, state, or federal regulation. It cannot be used for any type of legal action.