

On Campus Guest/Visitor Protocol

Home COVID-19 Screening Tool

Please print or type

Name _____ Date _____

Organization Affiliation _____

Marian Office Visiting _____

As a guest, we ask that you embrace our core value of Community and follow these practices to reduce the risk of spreading COVID-19. Please read, understand, and follow the protocols listed below, as well as check the boxes found on the next page accordingly.

- **Wear a mask at all times.**
- **Maintain 6 feet between others** when interacting with individuals on campus.
- **Make no physical contact with others**, including shaking hands, hugging, or exchanging high-fives
- Those providing food giveaways must use pre-packaged items from a regulated kitchen or retailer. All items need to be provided one at a time, so it is a **one-touch delivery method and contact-less.**
- **Avoid the use of shared items**, such as writing utensils, but remember to disinfect each item after each use.
- With cleaning supplies being provided, remember to **sanitize** yourself and the corresponding area after interacting with anyone else.
- Guests should **wipe down commonly used surfaces** before setting up or taking down a display.
- Please follow **personal hygiene** recommendations (*e.g. handwashing*)

To keep our campus safe, we are following local health department recommendations and requiring that every guest/visitor be assessed for COVID-19 symptoms and risk factors before visiting our campus. ***The questionnaire must be completed prior to your campus visit.***

Regardless of your survey results, if you feel that you have symptoms related to COVID-19, we recommend following the recommendations of the CDC and contact a healthcare professional.

In the past 24 hours, have you experienced?

- Fever (*felt feverish or above 100.4° F*) • Yes • No
- New or worsening cough • Yes • No
- Shortness of breath • Yes • No
- Sore throat • Yes • No
- Diarrhea • Yes • No
- Experiencing the loss of taste or smell • Yes • No
- Current temperature _____°F

If symptoms such as shortness of breath are due to known, non-worsening chronic condition, mark "No".

In the past 14 days, have you:

- Had close contact with an individual diagnosed with COVID-19? • Yes • No
- Had close contact with an individual exhibiting symptoms of COVID-19? • Yes • No
- Possible exposure to COVID-19? • Yes • No
- Traveled internationally or domestically? • Yes • No

If you answered "yes" to any of the symptoms and or questions listed above, or your temperature is 100.4° F or higher, **[please do not come to campus and reschedule your visit.](#)**

Before you reschedule your visit, guests must:

- Have a minimum of 5 days since symptoms first appear,
AND
- Have 3 days without fever (*without the use of medicine*) and improvement of respiratory symptoms.

As a guest of Marian University, my signature signifies my understanding and willingness to follow the COVID-19 protocol. I accept responsibility for myself and my actions and will do my best to prevent the spread of COVID-19 to help keep Marian University safer for all.

Signature

Date

MARIAN UNIVERSITY

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