Temperature Check: Is the reading 100.4 degrees F or higher? ………

Have you or a close contact tested positive for COVID-19? ……………

Are you currently experiencing any of the symptoms listed on the back of this page? ………………………………………………………………

Have you experienced those symptoms within the past 14 days? …...

Have you experienced vomiting or diarrhea in the past 5 days? ………

Do you know that you have been in close contact (more than 15 min) with anyone who has tested positive for COVID-19 or who has had symptoms without being tested within the past 14 days? ……………

Have you traveled outside the country in the past 14 days? …………..

Have you flown on a commercial airliner or traveled via other form of public transit within the past 14 days? …………………………………

Have you been in public and interacting with people beyond your immediate household members without practicing social distancing or without wearing a face mask in the past 14 days? ………………..

Do you have any reason to think that you might be an asymptomatic carrier of the COVID-19 virus? ………………………………………….

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If you answered “**YES**” to any of the questions above, **DO NOT enter!**

Please remain in the quarantine / temperature-check area until the Center’s Director or one of the Associate Directors can speak with you further regarding your answers.

**If you might have the COVID-19 virus, please GO HOME!**

**Negative Covid-19 Test in last 5-7 days initial HERE: \_\_\_\_\_\_\_\_\_\_\_**

**Please turn over to read and sign our vaccination policy**

If you answered “NO” to all questions above, please sign below.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you answered all questions above as “NO” then you may enter the rest of the building after donning a facemask. Please practice social distancing at all times, maintaining a distance of 6 foot or more between yourself and others, for the safety of all.

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

YES or NO

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**Symptoms of COVID-19**

The symptoms of COVID-19 can include:

Cough, Chills, Muscle pain,

Fever (Temp >100.4), New loss of taste or smell, Sore throat,

Shortness of breath or difficulty breathing\*

Vomiting or diarrhea

Unexplained Rash on body & in mouth

Symptoms can range from mild to severe illness, appearing 2-14 days after you are exposed to the COVID-19 virus.

\*Seek medical care immediately if you have any of the following

Emergency warning signs of COVID-19:

1. **Trouble breathing**
2. **Persistent pain or pressure in the chest**
3. **New mental confusion**
4. **Inability to wake or stay awake**
5. **Bluish-colored lips or face**

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

**cdc.gov/coronavirus**

317142-B May 20, 2020 12:58 PM

COVID-19 Testing Policy:

All employees and anyone seeking to work inside the FIC processing facility are required to have been tested and found ‘negative’ for COVID-19 within the past 5 days.

All full-time staff and employees of the FIC facility have been fully vaccinated with one of the COVID-19 vaccinations for 2021, and we ask that anyone seeking to work in the FIC production facility also be fully vaccinated before scheduling to come into the facility for work

**I received the vaccine against the COVID-19 virus initial HERE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The CDC has released guidance saying that fully vaccinated people are no longer required to wear masks outdoors, but the Rutgers FIC still asks that you wear a face- mask at all times while on our property.**