



UCSC Visitor COVID-19 Symptom Check Questionnaire

If you are planning to visit UCSC facilities today and do not have access to this Questionnaire online, please use this form to complete the UCSC Visitor COVID-19 Symptom Check Questionnaire, prior to entering the UCSC facility.

Your health-related responses to your Questionnaire will not be shared with anyone. The campus COVID-19 Symptom Check Officer and the Workers' Compensation Office, as applicable, may review the "Not Cleared to enter UCSC facilities" certification for the purpose of COVID-19 exposure notification, contact tracing or Workers' Compensation claims, as applicable. Responses will be purged after 60 days.

When you complete the UCSC Visitor COVID-19 Symptom Check Questionnaire, please call the person that you are visiting and apprise them if you are "Cleared" to enter the UCSC facility or if you are "Not Cleared" to enter the UCSC facility.

[COVID-19 Privacy Policy](#)

*Denotes a required field

1. Your Name*

2. Your Email*

3. Please indicate the location you will visit today: *

4. Are you meeting with a specific UCSC faculty, staff, or a student? *

- Yes
- No

5. Primary contact while visiting UCSC facilities today. *

a. Name: _____

b. Email: _____

6. Have you experienced any of the following symptoms in the last 48 hours? *

Do NOT report symptoms if either of the following statements is true:

a. You have chronic conditions (e.g. migraines) and experience symptoms in this screening identical to your usual symptoms

OR

b. You have consulted with a health care provider and they have cleared you.

Any deviation from your usual symptoms that has not been cleared by a health care provider must be reported.

Have you experienced any of the following symptoms in the last 48 hours? *

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose (unrelated to seasonal allergies)
- Nausea or vomiting
- Diarrhea

Yes, I DO have symptoms

No, I DO NOT have any of these symptoms (except as excluded in 6 a. or 6 b. above)

7. Have you taken any medication for COVID-Like symptoms in the past 48 hours? *

- a. Yes
- b. No

8. Within the previous 14 days, are you aware of being exposed to anyone who has been confirmed to have COVID-19 or anyone who is experiencing the symptoms of COVID-19? *

- Yes
- No

9. Have you received a positive test result for COVID-19 in the past 14 days? *

- Yes
- No

Clearance Status:

1. If NO to ALL questions:

- a. You are “Cleared to enter UCSC facilities.”
- b. The clearance is active for 1 day.

2. If YES TO ONE or more of the symptom questions:

- a. You are “Not Cleared to enter UCSC facilities.”
- b. The CDC recommends that you contact your medical provider, or go to your local Emergency Department if symptoms warrant.
- c. Do not enter UCSC facilities until you have consulted with a medical professional.

Safe Practices Reminder:

Please remember, for your safety and the safety of others, symptom checking should be combined with frequent hand washing, face covering, 6-foot social distancing and limiting indoor exposure to others to less than 10 minutes.