

# Huston-Tillotson University Visitor Health Screening Form

Date: \_\_\_\_\_ Arrival time: \_\_\_\_\_

Visitor name: \_\_\_\_\_ Visitor's phone number: \_\_\_\_\_

Person/department visiting: \_\_\_\_\_

**All campus visitors must complete the following screening questions before being granted access to campus. Please read the questions carefully.**

It is the responsibility of every visitor to notify the university of any signs/symptoms of illness as noted below, or any contact/exposure of a confirmed COVID-19 case.

	YES	NO
<p>Have you had TWO (2) or more of the following COVID-19 related symptoms that have developed today?</p> <ul style="list-style-type: none"> <li>-Fever</li> <li>-Shortness of breath</li> <li>-New cough</li> <li>-Chills</li> <li>-Diarrhea</li> <li>-Muscle pain</li> <li>-Sore throat</li> <li>-Runny nose/Congestion</li> </ul> <p>Please DO NOT identify symptoms that are related to a diagnosed pre-existing condition (allergies, asthma, irritable bowel syndrome, chronic headaches, etc.) or symptoms that may be caused by a medication you are currently taking or take on a regular basis. IF you have received the COVID-19 vaccine within the last 72 hours please DO NOT select any of the normal side effects related with the vaccine.</p>		
Have you had NEW loss of sense of smell and/or taste?		
Have you come into close contact with a COVID-19 case? Close contact is defined as being within 6 ft of the individual for 15 cumulative minutes.		

Visitors answering yes to any of the above questions will not be permitted access to Huston-Tillotson University.

Visitor signature: \_\_\_\_\_

**For internal use:**

Access to campus (circle one):                      Approved                      Denied

Huston-Tillotson University  
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For more information: [www.htu.edu/safeandhealthyrams](http://www.htu.edu/safeandhealthyrams)