

Visitor COVID-19 Self-Certification and Verification Form

In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our campus community, guidance from the Illinois Community College Board and the Illinois Board of Higher Education provides that visitor health screenings may be on an automated or self-monitoring basis. All visitors must undergo a health screening. The College/University reserves the right to prohibit a visitor from entering on College/University property.

I certify and verify that:

1. I am not experiencing any known symptoms of COVID-19, including: a fever (100.4 or higher), cough, shortness of breath or difficulty breathing, chills, fatigue, muscle or body aches, new or unusual headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, diarrhea, or any other COVID-19 symptoms.
2. Within the last 10 days, I have not tested positive for COVID-19 and do not suspect I have COVID-19.
3. Within the last 14 days, I have not had close contact with someone who has tested positive for or is suspected of having COVID-19.
 - a. For COVID-19, the CDC defines “close contact” as, any individual who was within 6 feet of an infected person for at least 15 minutes (consecutive or non-consecutive within a 24 hour period) starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated. Briefer periods of exposure may qualify an individual as a close contact if there is direct physical contact (kissing or hugging), eating or drinking utensils were shared, or the infected person sneezed, coughed or transferred respiratory droplets to the individual.
 - b. Per the CDC, number 3 would not apply to an individual that tested positive for COVID-19 within the past three (3) months of the date(s) of entry to this building/facility.
4. Within the last 14 days, I have not traveled internationally.

I also certify and verify that I am not presently under an isolation or quarantine protocol related to COVID-19.

Visitor Signature: _____

Printed Name: _____

Company/Relationship: _____

Phone: _____

Today's Date: _____