HEALTH STATUS CERTIFICATION

Name: ________________________________________________________________________

Organization or Company (if applicable):  ___________________________________________

Email Address: ____________________ Cell Phone Number:  ___________________________

Reason for Visit today:  __________________________________________________________

By signing below, I hereby certify that:

1. In the three weeks before my visit today, I have NOT:
   a. Been exposed to a confirmed COVID-19 person;
   b. Tested positive for COVID-19; OR
   c. Traveled Internationally.

2. As of today, I am NOT experiencing any of the following symptoms:
   a. Fever (subjective or objective) ≥ 100.0 F;
   b. Signs/symptoms of a lower respiratory illness (cough or shortness of breath);
   c. Loss of sense of taste or smell;
   d. Sore throat; OR
   e. Other symptoms such as muscle aches, nausea, vomiting, diarrhea, abdominal pain, headache, runny nose, fatigue.

3. I understand and agree that I must notify the EVMS representative who invited me to campus, if:
   a. I should receive results of a positive COVID-19 test; or
   b. I should develop any symptoms as outlined above while I am on campus.

4. I have been provided with the Four Steps to a Safer Campus information sheet and understand the safety protocols I must follow while visiting the EVMS Campus.

5. I understand and agree that failure to accurately disclose any information or follow any protocol will be a violation of EVMS Policy and will result in being denied access to EVMS facilities. In addition, it may affect my ability to access EVMS facilities in the future or participate in future EVMS activities including employment or academic programs.

Date: ___________________________ Signature: ________________________________
FOUR STEPS TO A SAFER CAMPUS

To ensure the safety of all members of the EVMS community, all visitors must be symptom free and follow EVMS safety protocols as follows:

1. Health Monitoring

Any visitor with any of the following symptoms will not be admitted to EVMS facilities:

- Fever (subjective or objective) $\geq$ 100.0 F;
- Signs/symptoms of a lower respiratory illness (cough or shortness of breath);
- Loss of sense of taste or smell;
- Sore throat; or
- Other symptoms such as muscle aches, nausea, vomiting, diarrhea, abdominal pain, headache, runny nose, fatigue.

All visitors will be asked to certify their health status upon arrival and must self-monitor their health for the symptoms listed above each day while visiting the EVMS campus.

2. Social/Physical Distancing

A minimum of 6 feet of distance must be maintained between individuals.

3. Face Masks/ PPE:

Face masks are required to be worn in all common areas at all times including, in classrooms, lecture halls, conference rooms, labs, hallways, elevators, restrooms and building entryways.

Anyone refusing to wear a mask will not be admitted to EVMS facilities.

Gloves, eye protection or other PPE must be worn as directed by the department you are visiting.

4. Hand Hygiene

For masking to be successful, it must be accompanied by hand hygiene, which includes frequent handwashing or use of alcohol-based hand sanitizer.