**COVID-19 related Screening & Guidance**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Campus Location/Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Have you been outside of the State of Maine in the past 14 days? | Yes\_ | No\_ |

If yes, refer to State and local guidelines.

**Questions: (If a response to any of the following questions is yes, reschedule the work/meeting/visit to another time.)**Are you experiencing now, or have you experienced in the past 14 days any of the following symptoms:

|  |  |  |
| --- | --- | --- |
| • Cough or sore throat? | Yes\_ | No\_ |
| • Fever or are feeling feverish? | Yes\_ | No\_ |
| • Shortness of breath? | Yes\_ | No\_ |
| • Loss of taste or smell? | Yes\_ | No\_ |

|  |  |  |
| --- | --- | --- |
| Have you been around anyone exhibiting these symptoms within the past 14 days? | Yes\_ | No\_ |
| Are you living with or have you come in close contact with anyone who is sick or quarantined? | Yes\_ | No\_ |
| Has a healthcare professional recommended that you self-isolate or quarantine in the past 14 days? | Yes\_ | No\_ |

**Guidance:**

* Limit the number of people in the establishment at any given time;
* Maintain physical distancing (6 foot minimum);
* Face coverings are required while working on campus
* Refer to published guidelines and recommendations for further information:

CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Maine: <https://www.maine.gov/covid19/> ; <https://www.maine.gov/decd/covid-19-prevention-checklists>

University of Maine System: <https://www.maine.edu/health-advisory/community-guidance/everyone/>