



COVID-19 related Screening & Guidance

Date _____

Campus _____

Location/Project _____

Participant _____

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/>