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:


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