

UNM Los Alamos Campus Contract Employee/Visitor Screening Questionnaire

 Name:
 Organization/Entity:

 Phone or E-mail:
 Supervisor Name & Phone No.:

As part of the State of New Mexico's COVID Safe Practice (CSP) requirements for all campus visitors, the following Screening Questionnaire has been developed.

INSTRUCTIONS

This form is only to be used by contract employees or visitors who are unable to complete the daily screening survey via the daily screening email sent to all employees. Employee completed forms should be turned in consistent with the *confidential* department procedures established by your contact department. Visitors should complete and provide as instructed by the requestor.

Today, or in the past 24 hours, have you had any of the following symptoms? YES I NO I

- Fever
- New onset cough
- New onset shortness of breath or difficulty breathing
- New loss of taste or smell
- Sore throat
- More physical exhaustion than normal (fatigue)
- Unexplained muscle or body aches
- Chills (repeated shaking)
- New onset or unusual headache
- New onset nasal congestion or runny nose
- Nausea or vomiting
- Diarrhea

• IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE:

Do not come to campus today, or go home immediately if you are already on campus.

Notify the UNM Los Alamos department contact that you are experiencing symptoms that can be associated with COVID-19.

Visitors with such symptoms should contact the NM Department of Health Coronavirus Hotline at 1-855-600-3453.

Answering "Yes" to the question above does not indicate that you are diagnosed as having COVID-19.

The answers are intended to help assure that if you have any of the above listed symptoms, that you take the necessary measures to be assessed to ensure that all project associates are able to work in a healthy environment.

This questionnaire will be kept confidential and only people with a "need-to-know" will have access.

Contract Employee/Visitor Signature: Date:	
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Thank you for your participation in helping to Protect the Pack!