Health Declaration Form and Acknowledgement - COVID-19

Must Be Submitted at least 48 Hours Prior to the Scheduled Appointment.

CDU is taking pro-active measures to maintain the health and safety of the campus community. Therefore, all campus visitors, including clients (clinical and business), vendors, delivery persons, or similar individuals seeking entry to CDU for essential business, must complete this Health Form and Acknowledgement (Health Form). The purpose of the Health Form is to reduce the risk of exposure and mitigate the spread of COVID-19. Completing this form and meeting its health and safety protocols are a condition to entering and remaining on CDU premises.

PURPOSE OF ENTRY: The purpose of the entry is to ____________________________.

CDU NON-ESSENTIAL PERSONNEL (INCLUDES FACULTY) ENTRANT REPRESENTATIONS:

☐ Signer agrees to take all reasonable and necessary precautions to protect Signer and others from the spread of COVID-19, including, but not limited to, the following:

☐ Following all Federal, State, and local laws and Stay Home Orders, even though such laws and orders may be changing rapidly.

☐ Exercising care to protect yourself, and assessing your own risks, by considering your age, underlying health conditions, recent travel, possible exposure to COVID-19, doctor's recommendations, and local, State and Federal recommendations. You agree and understand that it is your responsibility to evaluate the risks and protect yourself.

☐ Washing your hands with soap and water or using hand sanitizer. Wearing a facial covering that covers the nose and mouth at all times. Rubber gloves and protective shoe coverings may also be worn as appropriate. Remember to not touch your eyes, nose, or mouth.

☐ Practicing social distancing by keeping at least 6 feet between yourself and others. Do not gather in groups, and do not touch surfaces or items in the Property. If you believe it necessary to touch surfaces or items on the Property, consider the risks of doing so.

☐ Signer acknowledges that although others have been advised to clean and disinfect the property after each entry, doing so may not be possible, and may not have occurred prior to your entry, due to Stay Home Orders and other circumstances.
You understand that allowing access to or accessing CDU’s property for any purpose may be dangerous or unsafe and could expose you or others to COVID-19 and that you are allowing or conducting those activities voluntarily.

You represent that:

☐ (1) To the best of your knowledge, you are not currently afflicted with, and have not knowingly, within the last 14 days, been in contact with someone afflicted with, COVID-19;

☐ (2) You have not traveled internationally in the last 14 days; or, you have traveled abroad in the last 14 days, and observed any quarantine period directed by the U.S. government.

☐ (3) You are not experiencing a fever, or signs of respiratory illness such as cough, shortness of breath or difficulty breathing, or other COVID-19 symptoms and;

☐ (3) You understand that persons may be afflicted with COVID-19 and: (i) not exhibit symptoms; (ii) not be aware that they are afflicted or (iii) may not voluntarily agree to disclose their condition.

☐ (4) You will inform the Risk Management Department at CDU, if after the date this document is signed, there is a change in your health condition or knowledge that potentially puts others at risk or invalidates the representations made this document.

Submit this form 48 hours prior to your visit to Armando Estrada, Director of Risk Management and Campus Safety armandoestrada@cdrewu.edu

By signing this form, I agree to the following location, purpose and estimated time of stay:

Building/Office Location: __________________________________________________________

Purpose:  __________________________________________________________________________

Estimated Time:  ___________________________________________________________________

Please check the appropriate box and provide your signature.

☐ I Accept _____ initial

☐ I Decline _____ initial

Signature ________________________________ Date________________________