

Appendix B

Entrance to Facility Questionnaire

Are you experiencing any of the following? If so, answer yes to the question “***are you having any symptoms listed on the questionnaire***” asked at the screening point upon entry to the facility.

- shortness of breath
- inability to lie down because of difficulty breathing
- chronic health conditions that you are having difficulty managing because of your current respiratory illness
- extreme difficulty breathing
- blue-colored lips or face
- severe pain or pressure in the chest
- severe constant dizziness or light-headedness
- acting confused
- slurred speech
- seizures

In the past 14 days have you had close contact with someone who is confirmed as having COVID-19?

A close contact is defined as a person who:

- provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact **without** consistent and appropriate use of personal protective equipment OR
 - lived with or otherwise had close prolonged contact (within 6 feet) with the person while they were infectious OR
 - had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while **not wearing** recommended personal protective equipment
- Have you recently traveled to New Jersey from any of the following states: **Alaska , Alabama, Arizona, Arkansas, California, Delaware, Florida, Georgia, Hawaii, Iowa, Idaho, Indiana, Illinois, Kansas, Kentucky, Louisiana, Maryland, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, Nevada, Oklahoma, Puerto Rico, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Virgin Islands, Wisconsin or any state recently added to the Governor’s list?** The NJ Governor’s Office is recommending that persons traveling to NJ from these states self-quarantine for 14 days.

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If you answer "YES" to any of these questions, you may not be permitted on campus at this time.