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.
Appendix B
Entrance to Facility Questionnaire

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