

UC ANR Visitor Clearance Survey

Please answer the following questions and note the corresponding recommended actions. Please report your survey result status to the reception desk or to the person whom you are planning to meet. UC ANR takes your privacy seriously. Any reports shared from this survey will only include your name and final “Cleared to Enter” or “Stay Home” status. Your survey responses and personal information will not be saved or shared.

#	Yes	No	Question												
1			<p>Do you have or have you had any of the following symptoms in the last 24 hours (not from a known or chronic condition)?</p> <p>Select all that apply.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Fever (100.0°F / 37.8°C or higher)</td> <td style="width: 50%;"><input type="checkbox"/> Diarrhea</td> </tr> <tr> <td><input type="checkbox"/> Cough</td> <td><input type="checkbox"/> Muscle pains / body aches</td> </tr> <tr> <td><input type="checkbox"/> Shortness of breath / Difficulty breathing</td> <td><input type="checkbox"/> Headache</td> </tr> <tr> <td><input type="checkbox"/> Loss of sense of taste or smell</td> <td><input type="checkbox"/> Unusual or severe fatigue</td> </tr> <tr> <td><input type="checkbox"/> Sore throat</td> <td><input type="checkbox"/> Eye redness with or without discharge</td> </tr> <tr> <td><input type="checkbox"/> Runny Nose / Sinus congestion</td> <td><input type="checkbox"/> Nausea or vomiting</td> </tr> </table> <p><i>If yes to any symptoms, end of survey. Stay Home. Continue to monitor your symptoms. Contact your health care provider for evaluation and testing. See Stay Home Response for additional information.</i></p>	<input type="checkbox"/> Fever (100.0°F / 37.8°C or higher)	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Cough	<input type="checkbox"/> Muscle pains / body aches	<input type="checkbox"/> Shortness of breath / Difficulty breathing	<input type="checkbox"/> Headache	<input type="checkbox"/> Loss of sense of taste or smell	<input type="checkbox"/> Unusual or severe fatigue	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Eye redness with or without discharge	<input type="checkbox"/> Runny Nose / Sinus congestion	<input type="checkbox"/> Nausea or vomiting
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2			<p>Have you tested positive for COVID-19 in the last 4 weeks (28 days)? (If you have had a test ordered but are waiting for an appointment or test result, check yes)</p> <p><i>If test is positive, end of survey. Stay Home until your symptoms have resolved and you test negative and/or your healthcare provider clears you to return to work or normal activities. See Stay Home Response for additional information.</i></p>												
3			<p>Within the past 14 days, have you had a close exposure to someone who has a confirmed or presumed COVID-19 infection?</p> <p><i>If yes, end of survey. Stay Home. Practice self-quarantine. See Stay Home Response for additional information.</i></p>												
4			<p>Are you currently staying home from work due to illness or because you have been directed by your medical provider or a public health official to quarantine?</p> <p><i>If yes, end of survey. Stay Home. Practice self-quarantine. See Stay Home Response for additional information.</i></p>												
5			<p><i>If the answers to questions 1, 2, 3, and 4 are “no,” you are Cleared to Enter UC ANR facilities or participate in ANR in-person programming.</i></p> <p><i>A “yes” answer to any of the questions above indicates that you may have symptoms or have been exposed to COVID-19. Please Stay Home, consult your medical provider, and consider being tested for COVID-19. See the Stay Home Response for additional information.</i></p>												

Note: Do not retain the responses of any person’s Visitor Clearance Work Survey, only retain the final result, i.e.: “Cleared to Enter,” or “Stay Home.” Use the Daily Attendance and Visitor Log to record survey clearance status.

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STAY HOME RESPONSE

Survey result: You are advised not to come to in-person ANR activities and programs and should remain self-isolated at home. This is not a Cleared to Enter result.

Next Steps

If you think this guidance is incorrect, please carefully re-take the survey, evaluating yourself for symptoms and considering potential exposures. If you still have questions, contact your UCANR host or County/REC office to review your survey.

Additional Information

If you have symptoms, you should consider contacting your healthcare provider for consultation and determination if you should be tested.

If you develop severe symptoms, such as confusion, severe dehydration, or worsening difficulty breathing, call your doctor or seek emergency care by calling 911. If you are unsure about your symptoms, please contact your healthcare provider.

If you have tested positive, you should follow your healthcare provider's advice for managing your symptoms of illness. Maintain contact with your healthcare provider, especially if symptoms worsen, or more symptoms appear.

If you have been exposed to someone who has COVID-19, you should self-quarantine for at least 14 days from the last exposure and monitor yourself for symptoms of illness. You should also contact your healthcare provider for consultation and determination if you should be tested.

See the CDC webpage for more information about what to do if you have symptoms or are sick:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you are quarantining due to potential exposure, follow your local public health recommendations or CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

You may also identify testing resources in your area using this link of state-provided testing locations:

<https://www.arcgis.com/apps/Nearby/index.html?appid=43118dc0d5d348d8ab20a81967a15401>

You can find links to your county Public Health department here: <https://covid19.ca.gov/get-local-information/>

Clearance to return conditions include:

- a) Your symptoms are improving or resolved, 10 days since symptoms first appeared, and at least 24 hours with no fever without the use of fever-reducing medications, or
- b) If you have tested positive for COVID-19, your symptoms have resolved, you have a negative test, and are cleared to return to work by your physician, or
- c) At least 14 days have passed since you were last exposed to a person with confirmed COVID-19 infection. If you have not been able to isolate from that individual, count 14 days after they are cleared from quarantine by their physician, or
- d) You are cleared from self-isolation by a physician.

If you are currently working at another institution, please follow the guidelines of that institution.