

UC ANR Visitor Clearance Survey

Please review the following questions and note the corresponding actions. Please report your survey result status when you are signing in at the reception desk or to the person whom you are planning to meet.

Do you have or have you had any of the following symptoms in the last 24 hours (**not from a known or chronic condition**)?

Fever (100.0°F / 37.8°C or higher)	Cough	Shortness of breath / Difficulty breathing
Muscle pains / body aches	Headache	Loss of sense of taste or smell
Unusual or severe fatigue	Sore throat	Runny Nose / Sinus congestion
Nausea or vomiting	Diarrhea	

*If yes to any symptoms, end of survey. **Do Not Enter.**
Self-isolate and monitor symptoms.*

Have you tested positive for COVID-19 in the past 10 days?

*If test is positive, end of survey. **Do Not Enter.**
Self-isolate and monitor symptoms.*

Within the past 10 days have you been in close contact with a person who has tested positive or is presumed positive for COVID-19? “Close contact” is defined as being within 6 feet of an infected person for a cumulative total of 15 minutes or more.

*If yes, end of survey. **Do Not Enter.** Practice self-quarantine.*

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?

*If yes, end of survey. **Do Not Enter.** Practice self-quarantine.*

*If the answers to all above questions “no,” you are **Cleared to Enter** UC ANR facilities or participate in ANR in-person programming.*

*A “yes” answer to any of the questions above indicates that you may have symptoms or have been exposed to COVID-19. Please **Do Not Enter.** You should self-quarantine or isolate, consult your medical provider, and consider being tested for COVID-19.*

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

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