

UNM Employee/Visitor Screening Questionnaire

Name: _____ Department: _____

Phone Number: _____ Email: _____

For Employees Only: Title: _____ Supervisor Name: _____

As part of the State of New Mexico's COVID Safe Practice (CSP) requirements for all employers, the following Screening Questionnaire has been developed to help monitor our employees before they enter onto campus.

INSTRUCTIONS

This form is only to be used by employees or visitors who are unable to complete the daily screening survey via the daily email being sent to all employees. Employee completed forms should be turned in consistent with the *confidential* department procedures established by your department. Visitors should complete and provide as instructed by the requestor.

Today, or in the past 24 hours, have you had any of the following symptoms? YES NO

- Fever
- New onset cough
- New onset shortness of breath or difficulty breathing
- New loss of taste or smell
- Sore throat
- More physical exhaustion than normal (fatigue)
- Unexplained muscle or body aches
- Chills (repeated shaking)
- New onset or unusual headache
- New onset nasal congestion or runny nose
- Nausea or vomiting
- Diarrhea

IF YOU ANSWERED "YES" TO THE QUESTION ABOVE:

- Do not come to campus today, or go home immediately if you are already on campus.
- Notify your supervisor or department contact that you are experiencing symptoms that can be associated with COVID-19.
- Report your symptoms to the appropriate entity: Faculty and staff should contact the UNM COVID Call Center at 505-515-8212, and students should call SHAC at 505-277-3136. Visitors of UNM should contact the NM Department of Health Coronavirus Hotline at 1-855-600-3453.

FACULTY AND STAFF EMPLOYEES SHOULD NOT RETURN TO CAMPUS UNTIL **CLEARED TO RETURN BY THE CALL CENTER**. STUDENTS SHOULD ADHERE TO THE ADVICE OF SHAC MEDICAL PROVIDERS.

If supervisors have questions about an employee's requirement to stay home and/or self-isolate, they should contact Human Resources at clientsv@unm.edu.

Answering "Yes" to the question above does not indicate that you are diagnosed as having COVID-19. The answers are intended to help assure that if you have any of the symptoms, that we provide you the opportunity to be assessed and ensure that you and your work associates are able to work in a healthy environment. This questionnaire will be kept confidential and only people with a "need-to-know" will have access.

Employee/Visitor Signature: _____ Date: _____

Thank you for your participation in helping to Protect the Pack!