



**Campus Visitor COVID-19 Wellness Check**

**Campus visitors to University Preparatory School are required to perform a self-administered wellness check for COVID-19 symptoms before arriving on campus for any reason.**

Please review, sign, and submit this form to the Main Office upon arrival.

**1. Have you had a fever (100.4 degrees Fahrenheit) or chills within the last 24 hours?**

Yes  No

**2. Do you have any of the following COVID-19 symptoms? Yes  No**

- |                    |   |
|--------------------|---|
| Cough              | Shortness of breath or difficulty breathing |
| Fatigue            | Muscle or body aches                        |
| Headache           | New loss of taste or smell                  |
| Sore throat        | Congestion or runny nose                    |
| Nausea or vomiting | Diarrhea                                    |

**If you answered ‘NO’ #1 and 2, you are approved as a visitor.**

**3. If you have a fever and/or Any COVID-19 symptoms:**

- Please do not visit campus at this time.

**4. If you have COVID-19 symptoms WITHOUT fever:**

- If your symptoms are secondary to an underlying disease (such as allergies or asthma) and have not worsened, you may visit campus.
- If symptoms are new, please stay home.

**5. Masks are required when on campus.**

Thank you for assisting us in keep our school and families safe.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_