

Visitor COVID-19 Self-Certification and Verification Form

In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our campus community, guidance from the Illinois Community College Board and the Illinois Board of Higher Education provides that visitor health screenings may be on an automated or self-monitoring basis. All visitors must undergo a health screening. The College reserves the right to prohibit a visitor from entering on College property.

I certify and verify that:

- I am not experiencing any known symptoms of COVID-19, including: a fever (100.4 or higher), cough, shortness of breath or difficulty breathing, chills, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, diarrhea, or any other COVID-19 symptoms identified by the Centers for Disease Control (CDC) or the Illinois Department of Public Health (IDPH).
- Within the last 14 days, I have not tested positive for COVID-19 and do not suspect I have COVID-19.
- Within the last 14 days, I have not had close contact with someone who has tested positive for or is suspected of having COVID-19. *For COVID-19, the CDC defines a “close contact” as “any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.”*
- If within the last 14 days a member of my household has had “close contact” with someone who tested positive for COVID-19, the household member is not experiencing symptoms of COVID-19 or has not tested positive for COVID-19.
- Within the last 14 days, I have not traveled internationally.

I also certify and verify that I am not presently under an isolation or quarantine protocol related to COVID-19.

Visitor Signature: _____

Printed Name: _____

Company/Relationship: _____

Phone: _____

Today's Date: _____