

## COVID-19 SELF-SCREENING / CONSENT TO BE ON CAMPUS

### SELF-SCREENING

I declare that **in the last 14 days**:

- I have not experienced:
  - Fever (100.4°F/38°C) or chills
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Congestion or runny nose
  - Cough
  - Sore throat
  - Shortness of breath or difficulty breathing
  - Nausea or vomiting
  - Diarrhea
- I have NOT traveled
  - Internationally
  - To an area that is reporting large numbers of COVID-19 cases
- I have not been in close contact with someone who is:
  - Symptomatic but unable to get tested for COVID19
  - Diagnosed with COVID19 and not yet cleared
  - Waiting for test results for COVID19
- I have not been diagnosed with Coronavirus/Covid-19

### CONSENT TO BE ON CAMPUS

By signing this form:

- I confirm that I voluntarily enter the premises of the Acupuncture and Integrative Medicine College in Berkeley (AIMC). I acknowledge that, despite the implementation of preventative measures intended to minimize exposure to and transmission of COVID-19, I am increasing my risk of exposure to the novel coronavirus, COVID-19.
- I agree to comply with all AIMC safety protocols and procedures to reduce the spread of COVID-19 at the AIMC facility.
- ***If I experience any of the above symptoms associated with COVID19, I will immediately notify the AIMC Clinic Director ([clinicdirector@aimc.edu](mailto:clinicdirector@aimc.edu)) and consent to providing information about my symptoms and exposure. This information will remain confidential and is only for the purposes of contact tracing and preventing further spread of the novel coronavirus.***

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

Witness \_\_\_\_\_

Name (Print): \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_