



MERRIMACK COLLEGE

V5 - APRIL 2021

**COVID-19**

Daily Screening Form

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**TYPE OF VISITOR:**

- Admissions Visit
- Family Guest
- Islander Hockey
- Sodexo/Dunkin' Donuts Employee
- Peace Plus Employee
- Vendor/Contractor  
Company Name: \_\_\_\_\_
- Other: \_\_\_\_\_

**NUMBER OF MINORS IN YOUR PARTY:** \_\_\_\_\_

**PURPOSE OF VISIT:** \_\_\_\_\_

**SYMPTOM CHECK**

Are you or any minor in your party currently experiencing symptoms and/or signs of illness associated with COVID-19?

- Fever of 100.4°F
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- New gastrointestinal symptoms
- Pain, swelling or rash on toes or fingers

**YES**  **NO**

Have you or anyone in your household experienced COVID-19 symptoms in the past 14 days?

**YES**  **NO**

Have you or any member of your household been diagnosed with COVID-19 in the past 14 days?

**YES**  **NO**

**IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, YOU ARE NOT PERMITTED ON CAMPUS AT THIS TIME.**

**RISK ACKNOWLEDGMENT**

While on the Merrimack campus, I agree that I and any minors in my party will: Wear a face covering; practice social distancing of 6 ft or more; adhere to the College's COVID-19 policies; and adhere to the Massachusetts COVID-19 Travel Advisory, at the time of reading this message.

\_\_\_\_\_ **I ACKNOWLEDGE** (please initial)

I acknowledge the following as a condition of being allowed on the property of Merrimack College: The contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the risk that I may be exposed to or infected by COVID-19 by my presence on the property of Merrimack College and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand Merrimack College has put in place new policies and protocols and agree to abide by them; and agree I have been given all information to make an informed decision of risks. I acknowledge that Merrimack College has done its best to implement recommended CDC, DPH and other guidelines and put in place preventive measures to reduce the spread of COVID-19; however, Merrimack College cannot guarantee that I will not become infected with COVID-19. I understand and consent to submit and comply with any testing, health monitoring and contact tracing protocols that Merrimack College has determined are prudent to maintain a safe campus environment.

\_\_\_\_\_ **I ACKNOWLEDGE** (please initial)

If you are an employee and wish to discuss this further, please contact Human Resources at [humanresources.covid@merrimack.edu](mailto:humanresources.covid@merrimack.edu).



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