

COVID-19 Screening and Reporting Tool - Visitor or Vendor

Visitor Information

First Name *

Email *

Phone Number *

Last Name *

Date of Birth *

 

Reason for Campus Visit

Visitor Hosting Information

Contact Person at OU

Job Title

Building You are Visiting

Phone Number of Contact Person

Department/College

Specific Campus You are Visiting (OKC, Tulsa, Norman, Other)

Expected date of campus visit

 

Travel History

Have you traveled or resided outside of Oklahoma within the last 14 days? *

Yes No

Date you left your primary/previous residence *

 

List all states traveled *

List all cities traveled *

Date you returned to/arrived in Oklahoma *

 

List all countries traveled *

List all modes of travel *

Were you wearing a mask at all times while traveling*

Yes No

Have you spent time on a cruise ship within the last 14 days? * Yes No

Additional comments regarding travel:

Event Attendance

Have you attended an event/entertainment venue/gathering or group of greater than 10 people within the last 14 days? The people in your household do not count towards the 10 people. *

Yes No

Event/Entertainment Venue/Gathering or Group setting *

Attendance start date *



Attendance end date *



Did you wear a mask at all times during the event/entertainment venue/gathering or group? *

Yes No

Were all other participants wearing a mask at all times during the event/entertainment venue/gathering or group? * Yes No

Did you maintain appropriate social distancing at all times? * Yes No

Symptom Information

Have you experienced any symptoms within the last 14 days? *

Yes No

Experiencing chills? *

Yes No

Experiencing cough? *

Yes No

Experiencing fever? *

Yes No

Experiencing loss of taste or smell? *

Yes No

Experiencing muscle pain? *

Yes No

Experiencing shortness of breath? *

Yes No

Experiencing sore throat? *

Yes No

Experiencing other symptoms?

Date of Onset of First Symptom *



Have all of your symptoms resolved? *

Yes No

Exposure Information

Have you had direct contact with Confirmed (+) COVID-19 within the last 14 days? * Date of Exposure(s):



Yes No

Have you had direct contact to someone awaiting COVID-19 test results within the last 14 days? *

Yes No

Have you had direct contact with a person experiencing symptoms of concern for COVID-19 within the last 14 days? *

Yes No

Do you share a household with anyone who has had symptoms within the last 14 days? *

Yes No

Do you share a household with anyone who has been instructed to Self-Isolate within the last 14 days? *

Yes No

Do you share a household with anyone who has been diagnosed with COVID-19 within the last 90 days? *

Yes No

Testing Information

Have you been tested for COVID-19 within the last 60 days? *

Yes No

Have you had a positive PCR test for COVID-19 within the last 60 days? *

Yes No

Most Recent test date:

 

List test result: *Pending; Negative; Positive*

Most recent test type: *Nasopharyngeal (NP) swab-PCR or Other*

Please specify what *Other* test you had:

Additional Comments

The information submitted on this form is complete and accurate to the best of my knowledge.

I acknowledge that this screening tool is being used for clearance to visit campus for the specified reasons and dates stated within this form, based on information I provided. It is not intended for use regarding personal medical evaluation, advice, decisions, and/or treatment. Seek care from your primary care provider or emergency services, as appropriate, for any personal medical needs. I understand this information is being collected for the purpose of infection prevention and public/employee safety.

Please sign, date, and email this form to the appropriate OU campus Employee Health Office as listed below.

I Agree _____ Date: _____

OUHSC OKC: Email to: EmployeeStudentHealth@ouhsc.edu Questions? Call 405.271.9675
OUHSC Tulsa: Email to: TulsaStudentHealth@ouhsc.edu Questions? Call 918.660.3102
OU Norman: Email to: covidscreening@ou.edu Questions? Call 405.325.8732

A medical professional will be in contact with you, typically within 24 hours following submission of your form.

