


Appendix A: COVID-19 Screening - Employee Daily Checklists

1. Entry to Campus



Clarkson™

COVID-19 Employee Screening

This questionnaire must be completed DAILY by all Clarkson University employees prior to the start of their work shift or immediately upon reporting to campus for work. If you answer "Yes" to any of the questions below, please contact your supervisor immediately, and do not report to work. If you start to feel sick during your shift, go home and contact your supervisor. Please direct all questions and concerns to Human Resources (315-268-6497).

*** Required**

Full Name *

Your answer _____

Department *

Your answer _____

Where will you be working/accessing on campus today (building & room # if possible)?

Your answer _____

Screening Questions

Do you currently have a fever (temperature of 100.4 F or greater) without having taken any fever-reducing medications? *

Yes

No

Unable to measure

Have you experienced any of the following COVID-19 related symptoms in the past 14 days: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste or smell? *

Yes

No

Have you tested positive for COVID-19 in the past 14 days, or have you been instructed by a health care professional/public health official/contact tracing app to self-isolate or quarantine? *

Yes

No

Have you knowingly been in close (within 6 feet) or proximate (same enclosed environment, such as an office, but greater than 6 feet) contact with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19 within the past 14 days? *

Yes

No

Have you, or anyone you live with, traveled outside New York State in the last 14 days? *

Yes

No

Next

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Acknowledgement

Acknowledgement *

I acknowledge that I have completed the mandatory COVID-19 safety training, I am approved to be on campus, and I have answered the questions on this survey truthfully.


This is a required question

Back **Submit**

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Appendix A. COVID-19 Screening - Employee Daily Checklists

2. Exiting Campus



Clarkson Daily Interactions Survey

Please use this form to document any interactions that you've had today while on campus.

* Required

Full Name *

Your answer _____

Department *

Your answer _____

Where did you go on campus today? *

Your answer _____

Did you interact with anyone on campus today? *

Yes

No

If yes, please provide the following information about each interaction. Who, where, for how long, how close were you positioned next to one another, and were they wearing a face covering.

Your answer _____

Did you disinfect your work area today?

Yes

No

Submit

Participants Chat Share Screen Record Reac