We will determine if the employee/student has a fever by Taking their temperature using a contactless temporal thermometer at the front door of CIIS.

2 Have you felt like you had a fever in the past day?
☐ YES  ☐ NO

3 Do you have any of these other symptoms?
- ☐ Shortness of breath or difficulty breathing
- ☐ Fatigue
- ☐ Nausea or vomiting
- ☐ Congestion or runny nose
- ☐ New loss of taste or smell
- ☐ Muscle or body aches
- ☐ Headache
- ☐ Sore throat
- ☐ Diarrhea

4 Contact Information
My Email
My Phone

By signing below, I am acknowledging that I have read the above information and completed the form truthfully and to the best of my knowledge. I also agree to wearing a face covering, observe social distancing and wash hands regularly as directed.

Signature
Date of Signature  MM  DD  YY