

SMHS Visitor or Volunteer COVID-19 Screening Questionnaire

In an effort to reduce the risk of COVID-19 exposure to SMHS Community, **all visitors must complete the following screening questions.** Submit completed signed form to your GW Point of Contact (POC) in advance of any planned visit.

Date: _____ Visitor's name: _____

GW POC: _____ Department & Room # visiting: _____

Self-Declaration by Visitor

	YES	NO
Are you fully vaccinated with COVID-19 vaccine*?		

** fully vaccinated as being at least 2 weeks since completing the required number of shots for the COVID vaccine.*

IF NOT FULLY VACCINATED PLEASE RESPOND TO THE FOLLOWING QUESTIONS BELOW

	YES	NO
Have you experienced any of the COVID-19 symptoms as identified by the CDC in the past 48hrs?		
Have you been in contact with a positive COVID-19 individual within the past 14 days prior to coming to our facility?		

You must have a negative COVID test within 72 hours prior to your visit

If you are not fully vaccinated and you answered yes to the above 2 questions you will not be granted access to SMHS facility. If you are waiting on the results of a COVID-19 test, please do not visit our facility until you have received a negative test result and have completed any necessary quarantine or isolation per CDC guidance.

Note that it is GW policy to wear a mask even if you are fully vaccinated with the COVID-19 vaccine and restrict movement (within reason) to the location of the equipment, deliveries, etc.

Visitor signature: _____

Phone number: _____ Email: _____

School of Medicine
& Health Sciences

THE GEORGE WASHINGTON UNIVERSITY

For more information visit <https://coronavirus.gwu.edu>