

Mandatory Requirements for Visiting Lehigh University:

- 1. All visitors must establish and monitor compliance with necessary safety measures for themselves and anyone in their organization or group. Self-Assessment is mandatory for all visitors via HawkWatch, either using the app or <u>web-based version</u> or using page 2 of this form.
- 2. All visitors must follow current Lehigh University Covid-19 guidelines.
- 3. Any visit to the Lehigh campus must be approved and/or overseen by Lehigh personnel.
- 4. Visitors are responsible to follow established guidance by <u>CDC/PA Dept. of Health</u> if they or anyone in their party is suspected or confirmed with COVID 19.
- 5. Visitors are required to notify Lehigh (their host department) immediately upon learning that they or anyone in their party may be suspected or confirmed with COVID 19 if:
 - a. The suspected or confirmed case was on campus the day they became ill
 - b. The suspected or confirmed case was on campus or any subsequent days after they became ill or after they had a positive test
 - c. The suspected or confirmed case was on campus in the 48 hours before the individual became symptomatic or if no symptoms, the 48 hours prior to the COVID-19 test being done
- 6. Failure to comply with safety requirements will result in immediate request to leave campus. Any violation of safety rules may result in permanent removal from campus.

For further information, go to the Lehigh Coronavirus Information Center

Visitor/Contractor Information Note: If there are multiple visitors from the same organization, please provide a list of all individuals. Primary contact should be listed to the right.	Name	
	Company/Org.	
	Phone	
	Email	
	Date(s) of Visit	
	Purpose of Visit	
Primary Contact @ Lehigh	Name	
	Signature	
	Department	
	Phone	
	Email	

I/We acknowledge that I/We have received and read and understood the requirements of Lehigh
University and agree to abide by the conditions for visiting the Lehigh campus.

Signature and Date

Required Self Assessment

Please Note: This Self Assessment form has been created by the Health & Wellness Center, and Risk Management based on recommendations made by the Lehigh University COVID-19 Response Team.

Information provided here will be used exclusively for the purpose of contact tracing to protect our community from the spread of COVID-19. Information collected will be accessible by Lehigh Health Officials and only shared where required by law or regulation with State of PA or Federal Officials. Summary data (not personally identifiable) may be shared with other Lehigh Officials.

1.	Are you feeling well toda			
2.	In the past 24 hours hav			
	Fever or chills Cough Shortness of breath Difficulty breathing Fatigue Muscle or body aches	Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting Diarrhea		
3.	Was your temperature today above 100 degree fahrenheit or 37.8 degrees centigrade?			
4.	In the past 14 days have known to have or is sus			
5.	In the past 14 days, have COVID-19?			
6.	Do any of the following in past 14 days? NOTE: A past have been exposed to CO order to help prevent the state.			
	Possible exposure to COVID-19	Arrived from international travel Arrived from states identified by PA DOH		
If you answered yes to any of these questions, we request that you remain off-campus.				

Note for Lehigh personnel: One copy of this should be recorded with Lehigh primary contact, with a copy submitted to inreopen@lehigh.edu for record.