

Mandatory Requirements for Visiting Lehigh University:

*Please complete and submit this form to your Lehigh contact or event organizer. **Event organizers are responsible for ensuring that attendees are following all requirements and must retain this information/the completed screening forms in a confidential and secure file for one month to aid in any contact tracing. After one month, this information should be destroyed for privacy reasons.***

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 [web-based version](#) 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 required to follow established guidance by [CDC/PA Dept. of Health](#) if they or anyone in their party is suspected or confirmed with COVID 19.
5. In specific situations, visitors may be required to confirm full vaccination status. This may include performers who cannot be masked (e.g., speakers, dancers, singers and actors) and who are not Lehigh students, faculty or staff, but are performing in university facilities. Any role- or context-specific requirements should be followed as communicated by their respective department and stem areas (see page 4).
6. Individuals visiting campus for a conference or workshop lasting more than one day must be fully vaccinated. All conference or workshop attendees are required to submit to the conference organizer confirmation of COVID-19 vaccination prior to arrival to participate in on-campus events (see page 4).
7. 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
8. 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 <i>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.</i>	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 Commonwealth of PA or Federal Officials. Summary data (not personally identifiable) may be shared with other Lehigh Officials.

1.	Are you feeling well today?													
2.	In the past 24 hours have you experienced any of these symptoms? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Fever or chills</td> <td style="width: 50%;">Headache</td> </tr> <tr> <td>Cough</td> <td>New loss of taste or smell</td> </tr> <tr> <td>Shortness of breath</td> <td>Sore throat</td> </tr> <tr> <td>Difficulty breathing</td> <td>Congestion or runny nose</td> </tr> <tr> <td>Fatigue</td> <td>Nausea or vomiting</td> </tr> <tr> <td>Muscle or body aches</td> <td>Diarrhea</td> </tr> </table>	Fever or chills	Headache	Cough	New loss of taste or smell	Shortness of breath	Sore throat	Difficulty breathing	Congestion or runny nose	Fatigue	Nausea or vomiting	Muscle or body aches	Diarrhea	
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Muscle or body aches	Diarrhea													
3.	Was your temperature today above 100 degree fahrenheit or 37.8 degrees centigrade?													
4.	In the past 14 days have you had close contact with a person who is known to have or is suspected of having COVID-19?													
5.	In the past 14 days, have you tested positive or been diagnosed with COVID-19?													
6.	Do any of the following indications for quarantine apply to you in the past 14 days? NOTE: A person is quarantined because that person might have been exposed to COVID-19 and needs to stay away from others in order to help prevent the spread of the disease. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Possible exposure to COVID-19</td> <td style="width: 50%;">Arrived from international travel</td> </tr> <tr> <td></td> <td>Arrived from states identified by PA</td> </tr> <tr> <td></td> <td>DOH</td> </tr> </table>	Possible exposure to COVID-19	Arrived from international travel		Arrived from states identified by PA		DOH							
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If you answered yes to any of questions 2-6, we request that you remain off-campus.														

Please complete and submit this form to your Lehigh contact or event organizer.

Note for Lehigh personnel: One copy of this document should be recorded with the Lehigh primary contact or event organizer and held for one month for record, after which time it should be destroyed for privacy reasons.

COVID-19 Vaccination Requirement

Individuals visiting campus for a conference or workshop lasting more than one day must be fully vaccinated. All conference or workshop attendees are required to submit to the conference organizer confirmation of COVID-19 vaccination prior to arrival to participate in on-campus events.

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Statement/Signature attesting vaccination

I attest that as of _____ (date), I am fully vaccinated (≥ 14 days post-completion of the primary series of an FDA-authorized and/or WHO-approved COVID-19 vaccine).

Signature and Date

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