

**Health Screening Questionnaire-to be completed day of visit prior to arrival
CUW Guests of Resident Students**

TODAY'S DATE _____ TIME _____

LAST NAME _____ FIRST NAME _____

PURPOSE FOR VISIT _____

Name hosting CUW Resident Student _____

Any new or unusual symptom for you (that is not related to a known or chronic medical condition) is a concern

In the past 24 hours, have you experienced:

Fever or chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath or difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle or body aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of taste or smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestion or runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In the past 14 days, have you tested positive for COVID-19, or been in contact with anyone suspected or confirmed to have COVID-19? Yes No

SIGNATURE OF GUEST _____

FOR ANY "YES" RESPONSE THE PERSON WILL BE UNABLE TO PARTICIPATE IN TODAY'S ACTIVITY AND MUST LEAVE CAMPUS.

This form must stay on the possession of the guest while visiting campus

WAIVER ON REVERSE SIDE

Assumption of Risk / Waiver of Liability Relating to Coronavirus/COVID-19

Actions of guests are the responsibility of the CUW student who invited the guest. Please educate all guests on University procedures includes the use of masks and other COVID-19 related changes.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Concordia University (Wisconsin and Ann Arbor) cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while utilizing Concordia University's educational and other services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize Concordia University's services and/or enter onto Concordia University's premises for the purpose of clinicals, other business, visits, and the like, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my minor children (if student is not 18 or older) in order to utilize Concordia University's services and enter Concordia's premises. These services are of such value that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in on order to utilize Concordia University's educational, clinical, practicum, student life, campus ministry, athletics and any other like services and premises in person rather than arranging for an alternative method of enjoying the same services virtually (e.g. videoconference/online).

COMPLIANCE WITH CONCORDIA REQUIREMENTS. I understand and agree to abide by any and all policies Concordia University has in place and may require now or in the future as to my presence on campus. This may include completing a questionnaire disclosing health and or other personal information. It may also include but are not limited to, requirements to wear a mask, face shield, handwashing, use of antibacterial gel, gloves, and to follow social distancing or other protocol and policies. I understand that at any time, my failure or refusal to follow any of these procedures may result in my immediate removal from Concordia premises.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Concordia University and its owners, officers, directors, managers, officials, students, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Concordia University's services and premises. I understand that this waiver means I acknowledge coming to the Concordia premises is assuming a risk, and that I voluntarily assume this risk, and also voluntarily give up my right to bring any claims including for personal injuries, death, emotional distress, violations or alleged violations of HIPPA, disease or property losses, or any other loss, including but not limited to claims of negligence on the part of Concordia, its officers, directors, managers, officials, students, trustees, agents, or other Concordia volunteers or representatives, and give up any claim I, or my heirs, family members or the like, may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand that the law of the State of Michigan will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature:

Date:

Name (printed):

*****COMPLETE THIS SECTION IF THE ABOVE-NAMED PERSON IS UNDER 18 YEARS OLD*****

I am the parent or legal guardian of the minor named above and have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature:

Date: _____

Name (printed):

HEALTH SCREENING ON REVERSE SIDE