Furman University

Vendor/Contractor Check-In Form
(To be completed by contractor working at Furman)

Date: ______________ Arrival Time @ Furman: ____________ Departure Time @ Furman: _____________
Name: _____________________________ Company Name: ________________________
Email: _____________________________ Cell Phone #: ___________________________
Purpose of Visit: _______________________________________________________________
Building(S) to be Entered: _______________________________________________________
Furman Contact Person: ________________________

Pre-Screening Questions:

1. Have you experienced any of the following new or worsening symptoms in the last 72 hours?
   - Cough Y or N
   - Fever of 100.4 degrees Fahrenheit (F) or higher Y or N
   - Chills or repeated shaking with chills Y or N
   - Muscle pain Y or N
   - Headache Y or N
   - Sore throat Y or N
   - New loss of taste or smell Y or N

2. Are you experiencing shortness of breath not related to other known health conditions (i.e., allergies or other ongoing, chronic, unrelated illnesses)? Y or N

3. Have you had close contact with, or cared for someone diagnosed within the last 14 days? Y or N

4. Has a public health authority or other source notified you that you have potentially been exposed to COVID-19 within the last 14 days? Y or N

5. Have you tested positive for COVID-19 without two subsequent negative tests OR allowing a minimum of 10 days to pass since the initial positive test, including improving symptoms and a fever < 100.4 degrees (without the benefit of fever-reducing medication) for the past 72 hours? Y or N

6. Are you awaiting COVID-19 test results? Y or N

Signature: ___________________________ Date: _______________

Furman Approval: _____________________