

Health Screening for on-campus research participants

(Unvaccinated American University faculty, staff, and students should use the Daily Self Screening on the myAU portal in lieu of signing this form)

Please read this form and acknowledge whether you meet the criteria to be on campus/university premises. By completing this form, you acknowledge that:

1. You currently do not have any UNEXPLAINABLE new symptoms from this list:
 - Coughing or sore throat
 - Sneezing or runny nose
 - Shortness of breath or difficulty breathing
 - Fever
 - Fatigue
 - Chills, body aches, or muscle pain
 - Headache
 - Diarrhea, nausea, or vomiting
 - A sudden loss of taste or smell that is not related to allergies.
2. You are not waiting for test results due to COVID-19 symptoms
3. You are not currently in quarantine due to close contact (within 6 feet for more than 15 minutes) with anyone who you know tested positive for COVID-19, or has any of the above symptoms.
4. If vaccinated, you will wear a face covering indoors at all times (except while alone or eating) and outdoors when in a large group where physical distancing is not possible. If not vaccinated, you will wear a face covering at all times.
5. You **will follow the physical distancing requirements** in accordance with the University's [Health and Safety Directive: Physical/Social Distancing](https://www.american.edu/policies/safety-risk-management/communicable-diseases-policy.cfm). (https://www.american.edu/policies/safety-risk-management/communicable-diseases-policy.cfm)
6. If you recently traveled outside the District of Columbia, you will follow the updated guidance from the DC Department of Health (https://coronavirus.dc.gov/healthguidance) based on your vaccination status.

Sign acknowledgement if you meet ALL the above criteria and then return this form. If you have answered no to any of the points above, you may not enter the campus or university premises at this time.

Signature

Date