

## Randolph-Macon College Visitor Contract Tracing Form

In an effort to follow CDC and VDH guidelines, we ask that all visitors provide the following information:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am a: Student OR Guest (Circle one)

My campus host is (*please type the name of the faculty/staff member you are visiting*):

\_\_\_\_\_

Date of Visit (MM-DD-YYYY): \_\_\_\_\_

Arrival Time (XX:XX AM/PM): \_\_\_\_\_

Do either of the following statements apply to you? (please read carefully):

1. I have been in contact with someone who has tested positive for COVID-19 in the last 14 days.
2. I have had cold or flu symptoms, a fever, body aches or stomach upset in the last 14 days.

YES OR NO (Circle one)

I am aware of the risks of contracting COVID-19 while visiting the campus, and I agree that I have been informed of this risk.

YES OR NO (Circle one)

I agree to properly wear a mask during my entire visit to the campus and practice good hygiene to protect myself and others.

YES OR NO (Circle one)

I agree to promptly notify the campus (and my campus host) if I should experience any symptoms of COVID-19 following my visit to campus.

YES OR NO (Circle one)

Signature: \_\_\_\_\_

Date (MM-DD-YYYY): \_\_\_\_\_