

**UMBC Residential Life Conference Guest
COVID Symptom Acknowledgement**

Welcome to UMBC! In order to ensure the health and safety of all of the guests, we ask that you complete this questionnaire before checking in. **Guests who answer YES to any of the below questions will not be permitted to check-in.**

Yes	No	Questions
<input type="checkbox"/>	<input type="checkbox"/>	Are you experiencing any of the following symptoms? <ul style="list-style-type: none"> ▪ A fever ▪ A cough ▪ Any shortness of breath or difficulty breathing ▪ Any repeated shaking with chills ▪ Any muscle pain that differs from any chronic pain ▪ A persistent headache ▪ A sore throat ▪ A new loss of taste or smell ▪ Fatigue ▪ Congestion or runny nose ▪ Nausea or vomiting ▪ Diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	Have you had a positive COVID-19 test for an active virus in the past 10 days, or are you awaiting results of a COVID-19 test?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been around or exposed to anyone who had tested positive for COVID-19 in the last 10 days?
<input type="checkbox"/>	<input type="checkbox"/>	Within the past 14 days, has a public health or medical professional told you to self monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

Guest Name

Guest Signature

Parent/Guardian Name Printed
If guest is under 18 years old

Parent/Guardian Signature
If guest is under 18 years old

Guest's Cell Phone

Date