

Return-to-Campus Guide



Health Screening & Travel Questionnaire

What WE Are Doing:

Requiring daily Health Screening for everyone going to the Institute campus

- The form asks questions that deal with what a person has been exposed to and their current health status.

<https://forms.ias.edu/form/health-screening>

Requiring completion of a Travel Questionnaire for those returning/coming from other places

- The questionnaire asks questions about where a person has been and their current health status.

<https://forms.ias.edu/form/travel-questionnaire>

Health Screening Form:

Health Screening

View

Test

Results

Build

Settings

Do you have symptoms of COVID-19, such as fever, chills, cough, shortness of breath, head or muscle aches, sore throat, new loss of smell or taste, nasal congestion/runny nose, nausea, diarrhea or vomiting?

☐ Yes ☐ No

Are you feeling ill with any symptoms not mentioned above?

☐ Yes ☐ No

Do you have a fever?

☐ Yes ☐ No

In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms?

☐ Yes ☐ No

In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?

☐ Yes ☐ No

In the past 10 days, have you traveled either domestically or internationally?

☐ Yes ☐ No

Submit

Please complete between
6am and 10am daily,
including weekends if going
to campus.

If All Answers Are Checked “No”:

[Health Screening](#) / Health Screening

Cleared for Campus Access on 2020-09-07

Thank you for completing our daily health screening questionnaire. **You are cleared to work on the Institute campus today (2020-09-07).**

Please be advised that you will need to complete the health screening form every day you will be working on campus.

Thank you, Covid-19 Response Team

[Back to form](#)

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You will be cleared and
may go to campus that
day.

If you Answer “Yes”:

Health Screening

View Test Results Build Settings

Do you have symptoms of COVID-19, such as fever, chills, cough, shortness of breath, head or muscle aches, sore throat, new loss of smell or taste, nasal congestion/runny nose, nausea, diarrhea or vomiting?

☐ Yes ☒ No

Are you feeling ill with any symptoms not mentioned above?

☒ Yes ☐ No

Do you have a fever?

☐ Yes ☒ No

In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms?

☐ Yes ☒ No

In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?

☐ Yes ☒ No

In the past 10 days, have you traveled either domestically or internationally?

☐ Yes ☒ No

Contact Information

Please enter your full name

Mary Jones

Please enter the best contact number, in case the COVID-19 Response Team needs to reach you today

609-734-8245

To any of the questions, a box will pop up at the bottom asking for your contact information for follow up questions to determine if you can go to campus.

If You Answer “Yes” continued:

Health Screening

[View](#) [Test](#) [Results](#) [Build](#) [Settings](#)

Do you have symptoms of COVID-19, such as fever, chills, cough, shortness of breath, head or muscle aches, sore throat, new loss of smell or taste, nasal congestion/runny nose, nausea, diarrhea or vomiting?

☐ Yes ☒ No

Are you feeling ill with any symptoms not mentioned above?

☒ Yes ☐ No

Do you have a fever?

☐ Yes ☒ No

In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms?

☐ Yes ☒ No

In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?

☐ Yes ☒ No

In the past 10 days, have you traveled either domestically or internationally?

☐ Yes ☒ No

Contact Information

Please enter your full name

Mary Jones

Please enter the best contact number, in case the COVID-19 Response Team needs to reach you today

609-734-8245

To the last question, in addition to being asked for your contact information, you will be asked for details that elaborate where, when, and how you traveled.

Travel Questions

To/from where was this travel?

How long was your trip?

What mode(s) of transportation were used? Please list all.

Contact Information

Please enter the best contact number, in case the COVID-19 Response Team needs to reach you today

Submit

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Possible Results After Submission:

If all questions are answered “No”:

- You will be cleared to go to campus.

If any questions are answered “Yes”:

- The follow up questions must be answered.
- You will be contacted within 30 minutes and must wait before going to campus so that your case may be reviewed by the COVID-19 Response Team.

Travel Questionnaire:

This form should be completed by any IAS community member who has recently traveled and will return to campus.

Administration (/admin) / Structure (/admin/structure) / Webforms (/admin/structure/webform)
/ Travel Questionnaire

Travel Questionnaire

View (/form/travel-questionnaire)

Test (/webform/travel_questionnaire/test)

Results (/admin/structure/webform/manage/travel_questionnaire/results/submissions)

Build (/admin/structure/webform/manage/travel_questionnaire)

Settings (/admin/structure/webform/manage/travel_questionnaire/settings)

Export (/admin/structure/webform/manage/travel_questionnaire/export)

Demographics

Given Name

Last Name

Institute Status

- Select -

Email Address

Mobile Phone Number

Please enter the number where you can be reached immediately, if necessary.

Visit Details

Which IAS school/program are you visiting?

- Select -

Are you a...

- Select -

What is the nature of your visit?

How long are you planning to be on campus?

Current Location

Which city are you currently in?

Which state or country are you currently in?

Travel History

Please list all countries/cities abroad that you've been in during the last 14 days. Please include the United States in the table below.

Travel

mm/dd/yyyy



Travel Questionnaire (cont.):

Date you returned or plan to return to the United States

mm/dd/yyyy

If you are unable to provide the date above, please explain why:

Please provide your Airline and Flight number (if known)

Date you returned or plan to return to campus

mm/dd/yyyy

If you are unable to provide the date above, please explain why:

Additional Questions

Do you have any of the following symptoms of COVID-19? (fever, shortness of breath, cough, new loss of sense of smell or taste, chills, muscle pain, sore throat)?

☐ Yes
☐ No

Have you had close contact with a confirmed/probable COVID-19 case?

☐ Yes
☐ No

Have you had to self-quarantine?

☐ Yes
☐ No

Did you receive the influenza vaccine (i.e., flu shot) this season (fall 2019-winter 2020)?

☐ Yes
☐ No

Thank you for completing this form.

We ask that you **NOT** come to campus until you have been notified that your visit has been officially approved.

Submit

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After completing and submitting the Travel Questionnaire, please wait to come to campus until the COVID-19 Response Team contacts you with clearance to return.

What YOU Have To Do:

Before leaving home EACH DAY:

- Fill out the health screening form EVERY DAY, wait for clearance.
- Complete the Travel Questionnaire if you are returning from elsewhere (out of state/country).
- Please fill out forms completely and honestly so as to provide the most reliable information for consideration.

Once on Campus:

- Wear a mask according to current guidelines, always indoors in public areas and outdoors when social distancing is not possible.
- Maintain Social Distancing practices as best as possible.
- Be patient with others.



Frequently Asked Questions

How often do I have to fill out the Health Screening Form?

- The Health Screening form must be filled out any day you are planning to go to the Institute or the fitness center and no later than 10 am if you are planning to arrive later in the day.

Do I need to fill out the Health Screening Form for any other reason?

- Yes, you are required to complete the Health Screening form if you are using the IAS Shuttle service.

How far away do I need to travel to require the Travel Questionnaire?

- Any time you leave the state of New Jersey, unless you live in a neighboring state and commute to campus.

How long do I need to be away for the Travel Questionnaire to be required?

- If you are outside of NJ for more than 24 hours, please complete the Travel Questionnaire.

What modes of transportation would require the Travel Questionnaire?

- If you are coming from out of state, then all modes of transportation require the Travel Questionnaire. If you are coming from in state, public modes of transportation (bus, train, etc.) require it.