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

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”:

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

You will be cleared and may go to campus that day.
If you Answer “Yes”:

Health Screening

- 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

603-734-8245

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:

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.
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.
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

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.