

**University of Iowa Health Care Visitor Health Screening Form**

Thank you for protecting the health of all patients and staff at University of Iowa Health Care by truthfully filling out this form. Any visitor who has symptoms of an illness MAY NOT VISIT until they are healthy. This form will be kept on file by the hospital and your group leader in case follow-up is needed.

Visitor name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Have you had any of these symptoms this past week (7 days)?

\_\_\_ Yes \_\_\_ No Fever

\_\_\_ Yes \_\_\_ No New or worsening runny nose

\_\_\_ Yes \_\_\_ No New or worsening sore throat

\_\_\_ Yes \_\_\_ No New or worsening cough

\_\_\_ Yes \_\_\_ No Diarrhea, Nausea, or Vomiting

\_\_\_ Yes \_\_\_ No Skin infection, sores, or rash of any kind

\_\_\_ Yes \_\_\_ No Eye infection or drainage (pink eye or conjunctivitis)

\_\_\_ Yes \_\_\_ No Cold sore or fever blister

\_\_\_ Yes \_\_\_ No Lice

\_\_\_ Yes \_\_\_ No New or worsening loss of taste or smell

Do you currently have/been exposed to any of these in the past three weeks (21 days)?

\_\_\_ Yes \_\_\_ No "Whooping Cough" (Pertussis)

\_\_\_ Yes \_\_\_ No Chicken Pox or Shingles

\_\_\_ Yes \_\_\_ No German Measles (Rubella)

\_\_\_ Yes \_\_\_ No Red Measles (Rubeola)

\_\_\_ Yes \_\_\_ No Mumps

\_\_\_ Yes \_\_\_ No COVID 19

\*If "Yes", to any of the above, visitor MAY NOT VISIT until symptoms/illness are clear.

\_\_\_\_\_

Date

Signature of group leader conducting visitor health screening

Please return this form to University of Iowa Health Care STEM Education Programs: UIHC-HSSB, STEM Education, Suite 206, 3281 Ridgeway Drive, Coralville, IA 52241.