

# HEALTH SCREENING POLICY & PROCESS

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## GENERAL SUMMARY

Campus-wide approaches to safety and the practice of physical/social distancing are important as individuals can be without symptoms and still be COVID-19 positive. Individuals who have been authorized to return to campus must conduct symptom monitoring for 5 days prior to returning to campus and then every day prior to coming to campus to work. It is everyone's individual responsibility to comply.

It is our shared duty as a University community to act responsibly. Everyone on campus must be free of ANY symptoms related to COVID-19. If a faculty or staff member have any concerns regarding their health status, they should contact their supervisor and email [reentry@usa.edu](mailto:reentry@usa.edu) prior to the start of any scheduled work period, or arrival on campus. The individual will be directed regarding the appropriate next steps (medical appointment, self-isolation, clearance to report, etc.). For non-exempt staff, time spent in dialogue with a supervisor discussing personal health status is not considered working time.

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## HEALTH SCREENING PROTOCOL

All faculty, staff and students must complete a self-reported health screening assessment for 5 days prior to arriving on campus. A mobile/web-based application will be used for this screening which involves taking your temperature daily and answering questions related to COVID-19 symptoms and any potential for exposure to the virus. Based on the information you provide the screening tool will confirm your ability to come to campus. This same screening process will be used daily to ensure the health and safety of those who will be on campus each day. Anyone exhibiting the following symptoms or conditions will not be allowed on campus:

- Fever of 100.4 or higher (or other temperature in accordance with federal, state or local regulations)
- Any suspected symptoms of COVID-19
- Recent international or cruise ship travel
- Recent contact with COVID-19 under-investigation, presumed, or positive cases (including self)

More details on the mobile/web application and instructions for completing the required health screening will be provided.

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## PRIVACY OF INFORMATION

USAHS will retain screening and testing-related information in a confidential manner. Results will remain confidential and will not be shared with any outside party, including an employer-sponsored health plan. Results will be shared purely on a need-to-know basis and only when such disclosure is necessary to protect against the threat of exposure to coronavirus or as otherwise required by law.

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## SCREENING QUESTIONS

Employees, students and/or visitors will be asked to indicate responses to the questions before entering the workplace. If an individual answers affirmatively to any of the questions 1-4 they will not be allowed onto campus and should contact their immediate supervisor or program director, local campus HR partner and [reentry@usa.edu](mailto:reentry@usa.edu). Any specific questions can be directed to [reentry@usa.edu](mailto:reentry@usa.edu).

If employees, students and/or visitors indicate a positive affirmation or refuse to answer COVID-related questions, USAHS may not allow entry to campus due to the potential direct threat to health or safety.

1. Does at least one of the following statements apply to you: <ul style="list-style-type: none"><li>You have one or more symptoms related to COVID-19 which are new (i.e., fever, chills, cough, sore throat, shortness of breath, muscle pain, headache, new loss of taste or smell, fatigue, congestion or runny nose, nausea or vomiting, or diarrhea).</li><li>You have been recently tested for COVID-19 due to a recent exposure or symptoms and are waiting for the results.</li></ul>
2. Do you have a temperature at or above 100.4°?
3. In the last 5 days, have any one or more of the following applied to you: <ul style="list-style-type: none"><li>Tested positive for the COVID-19 virus?</li><li>Been in close contact without the appropriate PPE/face covering with any individual who has tested positive and you are not fully (fully vaccinated = FDA authorized vaccine, final dose received at least 2 weeks prior to return)?</li><li>Experienced symptoms related to COVID-19?</li><li>Been directed by a health care provider to self-quarantine for concerns related to COVID-19?</li></ul>
4. Within the last 5 days, have you traveled internationally or on a cruise ship and you are not fully vaccinated (fully vaccinated = FDA authorized vaccine, final dose received at least 2 weeks prior to return)?
5. I agree to abide by USAHS rules on temperature checks, social distancing, handwashing, and face covering during the time I am on campus.

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## RESOURCES

[Centers for Disease Control and Prevention Coronavirus Disease 2019](#)