



Campus Entrance

Reason for Visit: Work Visit Lab Student Contractor

The questions below pertain to the **last 14 days**:

| | NTU ID Badge | N/Y |
|---|--|-------|
| 1 | Have you been in close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period)? | _____ |
| 2 | Do you have a measured temperature greater than 100.0°F? | _____ |
| 3 | Do you have at least two of the following: New or worsening chills, sore throat, muscle pain, headache, loss of taste or smell, or diarrhea? | _____ |
| 4 | My current temperature is ? | _____ |

If you answer **YES** to any of the questions listed above , you are not allowed to be on campus

Addition Questions for Non-NTU Badge

Name _____ Unit # _____

Company _____

- 5 Who is your contact at NTU? _____
- 6 What building are you headed to? _____
- 7 What is your planned check in location? _____
- 8 Have you had a diagnosis of COVID-19 in the last 10 days? _____