



EASTERN MICHIGAN UNIVERSITY

Resize font: |

COVID Pass

Welcome to COVID Pass.

Please complete this survey before entering any building on campus.

Last Name:	<input type="text" value="Last Name"/>
* must provide value	
First Name:	<input type="text" value="First Name"/>
* must provide value	
Email:	<input type="text"/>
Contact Phone Number:	<input type="text" value="Best phone number to call, if necessary"/>
* must provide value	
Role:	<div data-bbox="922 806 1243 852" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px; margin-bottom: 5px;">Employee</div> <div data-bbox="922 863 1243 905" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px;">Student</div>
	reset
Are you experiencing any of the following symptoms, not related to an existing known health condition	
* must provide value	
	<div data-bbox="922 1014 1243 1062" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px; margin-bottom: 5px;">Fever or chills</div> <div data-bbox="922 1073 1243 1121" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px; margin-bottom: 5px;">Cough</div> <div data-bbox="922 1131 1243 1180" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px; margin-bottom: 5px;">Shortness of breath or difficulty breathing</div> <div data-bbox="922 1190 1243 1239" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px; margin-bottom: 5px;">Fatigue</div> <div data-bbox="922 1249 1243 1297" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px; margin-bottom: 5px;">Muscle or body aches</div> <div data-bbox="922 1308 1243 1356" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px; margin-bottom: 5px;">Headache</div> <div data-bbox="922 1367 1243 1415" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px; margin-bottom: 5px;">New loss of taste or smell</div> <div data-bbox="922 1425 1243 1474" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px; margin-bottom: 5px;">Sore throat</div> <div data-bbox="922 1484 1243 1533" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px; margin-bottom: 5px;">Congestion or runny nose</div> <div data-bbox="922 1543 1243 1591" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px; margin-bottom: 5px;">Nausea or vomiting</div> <div data-bbox="922 1602 1243 1650" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px; margin-bottom: 5px;">Diarrhea</div> <div data-bbox="922 1661 1243 1709" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px;">No Symptoms</div>
Have you been within six feet of an infected person for at least 15 minutes starting from 48 hours before the person had any symptoms or tested positive for COVID-19? [Health care personnel using appropriate PPE should answer 'no']	
* must provide value	
	<div data-bbox="922 1717 1243 1766" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px; margin-bottom: 5px;">Yes</div> <div data-bbox="922 1776 1243 1816" style="border: 1px dashed black; border-radius: 10px; text-align: center; padding: 5px;">No</div>
	reset

<p>Have you traveled internationally in the last 14 days? <small>* must provide value</small></p>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	reset
<p>Have you traveled domestically to another state in the last 14 days? <small>* must provide value</small></p>	<input type="button" value="Yes"/>	<input type="button" value="No"/>	reset
<p>By placing my initials below, I attest that my answers are accurate.</p> <p><small>* must provide value</small></p> <input type="text"/> <small>Enter your initials to attest.</small>			
<p>PLEASE PRESS SUBMIT BUTTON BELOW TO GET YOUR COVID PASS</p>			
<p>Employee Name Entry : _____</p>		<p>Employee Date Entry: 01-06-2021</p>	
<p>Completion Timestamp</p>		<p>01-06-2021 15:44:28 M-D-Y H:M:S</p>	
<p><input type="button" value="Submit"/></p>			

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