



COLLEGE OF THE OZARKS WELLNESS DECLARATION

If you cannot confirm any of the statements below, unfortunately, you will be unable to access College of the Ozarks facilities.

I hereby confirm.

1. No one in my household (including myself) has been diagnosed with COVID-19 in the last 14 days.
2. I have not had close contact with anyone who tested positive for COVID-19 in the last 14 days.
3. I am personally not, and to my knowledge, no one in my household is awaiting test results for COVID-19.
4. I am in good health and I do not have any of the following COVID-19 symptoms.
 - Fever • Chills • Cough • Shortness of Breath • Body Aches
 - Headache • Sore Throat • Loss of Taste/Smell
5. While visiting campus, I agree to protect myself and the student population by wearing a mask at all times. I will maintain social distance of six feet from other visitors.
6. Due to the elevated health risk associated to COVID-19, I will notify College of the Ozarks if I develop any COVID-19 symptoms during or after my visit.

Guest Name (please print)

Phone Number

Email Address:

We will only contact you if an immediate health concern is presented.

I have read and will comply with College of the Ozarks Wellness Declaration.

I acknowledge that if I am in violation of any provision of this declaration, I may be denied service and required to leave the College of the Ozark facilities. I further acknowledge that I assume all risks of contracting Covid-19 when accessing the College of the Ozarks facilities, and that the College of the Ozarks assumes no liability and shall not be liable if for any reason I contract Covid-19.

Signature

Date

All guests must sign this declaration, please use the back side for everyone in the vehicle.
Any guest under 13 years of age must have a guardian's signature.

I have read and will comply with College of the Ozarks Wellness Declaration

Guest Name (please print)

Signature

Date

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