

UIndy Health Check

My primary role at UIndy is: *

- Resident student (residence halls & campus apartments)
- Commuter student
- Faculty
- Staff

Name *

FIRST

LAST

UIndy email address *

Phone number *

Please enter the best phone number to reach you.

Have you been tested for COVID-19 within the past 7 days? *

Yes:

What were the results? *

I'm waiting on results.

My test results were negative for COVID-19.

My test results were positive for COVID-19.

No

I am currently experiencing the follow symptoms: *

Fever or chills

New cough

Shortness of breath

New loss of taste or smell

Sore throat

Congestion or runny nose (excluding seasonal allergies)

New unexplained fatigue

Muscle or body aches

Nausea or vomiting

New headache

Diarrhea

I am not experiencing any symptoms listed above.

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Within the past 48 hours, I've been in close contact with someone who tested positive for COVID-19. *

Close contact is defined as less than 6 feet away for more than 15 minutes.

Yes

No

Notice and Consent *

The novel coronavirus (COVID-19) has been declared a worldwide pandemic by the World Health Organization and a public health emergency by civil authorities. As part of its comprehensive COVID-19 plan, UIndy has launched a UIndy-created and owned Health Check web form (the "Web Form") for COVID-19 symptom reporting and contact tracing purposes. The Web Form is a web-based form residing on UIndy's systems and is accessible through MyUIndy. On a daily basis, all data provided through the Web Form will be used for contact tracing purposes. The data will be stored in its original form no longer than one week. Each week, the identifying information in the data held in the Web Form will be expunged and only de-identified aggregate data will remain. UIndy does not sell, or allow any research to occur with, any data submitted through the Web Form and does not use it for any purpose other than daily health screening and contact tracing.

During the one-week period that data is retained on UIndy's system, UIndy may be required to disclose this data collected through the Web Form to other relevant organizations who require the data. For example, UIndy contact tracing is required to report its findings to local and state health departments and other public or occupational health agencies or through subpoena or valid court order. Should this occur, UIndy will ensure that such disclosures are limited to the minimum necessary under applicable law or legal process.

Your consent, your use of the Web Form, and your submission of data is voluntary. By checking the box below, you consent to use the Web Form and accept the terms and conditions contained in this NOTICE AND CONSENT. You may revoke your consent at any time by sending an email to contacttracing@uindy.edu; however, a decision not to participate by using the Web Form or an alternative provided by the University will result in your exclusion from campus until such time that UIndy discontinues use of COVID-19 symptom screening protocols. Your revocation is effective only upon the University's receipt in writing of your request and will not affect any activities occurring prior to the effective date of your revocation notice.

If you decide NOT to use this Web Form, you must complete a paper screening form before you can return to campus. You should know that the paper screening forms do not allow UIndy to quickly connect you to the contact tracing process, and you are strongly encouraged to use the Web Form.

You may be asked at any time by any faculty, staff or administrator to produce proof of your approval to be on campus.

I agree to the Notice and Consent.