

Architecture Workshop – Site Tour  
 Workshop Health & Safety Guidelines  
 COVID-19 Health Survey

**Health Survey Questions:**

1. Do you have any of the following symptoms?

- Cough
- Shortness of breath / difficulty breathing
- Fever/ Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

**This list is not all the possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.**

**YES**       **NO**

2. Have you been in **close contact** with:

- A person diagnosed with COVID-19 (presumed or confirmed) within the past 14 days?  
Or
- A person who has COVID-19 pending test result?

**YES**       **NO**

3. Are you under a quarantine or isolation order from a healthcare provider or governmental agency?

**YES**       **NO**

*Close contact is being within 6 feet or less of a COVID-19 case for 10 minutes or more. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting room area or room with a person that has COVID-19 or having direct contact with infectious secretions of a person with COVID-19.*

**If you answered YES to any questions above, you cannot participate on the field trip, you must leave the project and return home immediately, contact your healthcare provider, and remain home and self-isolate in accordance with currently applicable CDC guidance. You must have a letter from your healthcare provider prior to returning to the project.**

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Name & Address of Project (Architect to fill in):	Name of Construction Manager (Architect to fill in):
Student Name (Print):	Date:
Signature (parent/guardian signature if under 18)	Student Primary Residence: