Washington University School of Medicine Visitor Policy

It is the policy of Washington University School of Medicine (WUSM) to screen, review, evaluate, and respond on an individual case-by-case basis to any known, suspected or confirmed instances of certain communicable illnesses among visitors to the WUSM community which may be transmitted in patient care setting.

When a department sponsors a visitor/contractor/ volunteer or vendor, whose anticipated stay is 7 days or less, and may interact with patients or visit a patient care setting, it is the responsibility of the department to ensure that the individual completes the following questionnaire. If the individual may interact with patients or visit a patient care setting between October 1st and March 31st, they must present documentation of an influenza vaccine for that current season. The questionnaire and influenza vaccine must be completed prior to coming on the medical campus.

Upon completion, please email this form and influenza documentation to WUSM Occupational Health at occupationalhealthservice@wusm.wustl.edu If the visitor answers “yes” to any questions on the form, he/she may not interact with patients or visit a patient care area until evaluation by Occupational Health is completed.

(If an individual is visiting the medical school campus in any capacity for more than 7 days they must complete the formal employee screening process with Occupational Health).
Welcome to Washington University School of Medicine! While visiting Washington University and Barnes Jewish Hospital we request that you complete the following questionnaire to assist us in safeguarding our patients against potentially infectious disease. After completing the questionnaire please return it to your host at the university. Thank you for your cooperation.

Name________________________________________

Date of Birth_______________________________

Name of Department are visiting__________________

Departmental contact person_________________________ phone #___________

Do you have any of the following symptoms?

Yes   No   Persistent non-productive cough greater than 4-6 weeks
Yes   No   Night sweats
Yes   No   Anorexia
Yes   No   Weight loss (> 10 lbs in past 1-2 months)
Yes   No   Bloody sputum
Yes   No   Fever
Yes   No   Fever and cough
Yes   No   Vomiting or diarrhea

Please attach documentation of current Influenza vaccination (if visit will take place between October 1st and March 31st)