



## Crimson Clear

Harvard University requires all faculty, staff, students, and visitors to attest to their wellness prior to entering campus facilities. Access to Harvard facilities is limited to people who have been approved for in-person presence on-site. **Please complete a new form every day before entering a Harvard facility.** This self-assessment will determine your eligibility to enter a Harvard facility; it is not meant to provide clinical advice.

If at any time you begin to experience any of the symptoms described in this form, notify your supervisor immediately, return home, and call HUHS at (617) 495-5711. Press the \* key - you will be prompted to leave a message and a nurse practitioner will return your call in the order it is received.

## ABOUT CRIMSON CLEAR / PRIVACY STATEMENT

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### WHAT IS CRIMSON CLEAR?

Crimson Clear is a Harvard University program for Harvard faculty, staff, students, and invited visitors to campus. The purposes of the program are (1) to enable members of the Harvard community and prospective visitors to self-report to the University daily on whether they are experiencing symptoms of COVID-19 infection, and (2) based on that self-reporting, to generate clearances to access University buildings and facilities.

### HOW DOES THE CRIMSON CLEAR PAPER FORM WORK?

The Crimson Clear paper form is available to members of the Harvard community and prospective visitors who are not able to access the Crimson Clear app. Each day prior to entering upon Harvard property, you will complete the Crimson Clear paper form, which calls for you to answer a short series of questions. You will then present the completed form to campus security or other Harvard personnel in order to gain entry to Harvard property.

### WHAT DOES HARVARD DO WITH THE INFORMATION I DISCLOSE ON THE FORM?

Harvard may access, use, and disclose the information you disclose on your form (“Survey Information”) as it determines necessary, in the University’s discretion, in order to protect the health and safety of the Harvard and surrounding communities during the period of the public health emergency occasioned by the COVID-19 (coronavirus) pandemic. Permitted Harvard uses of Survey Information include, but are not limited to, disclosure of your identity and reported symptoms to Harvard University Health Services, human resources officers, managers and supervisors, facilities personnel, and others at Harvard who have a need to know this information. In addition, Harvard may use or disclose deidentified Survey Information for the purposes of, and subject to applicable regulations regarding, academic research.

Except as described above or as required by law or legal process, Harvard will not sell or disclose to third parties any Survey Information or other information it collects about you through the Crimson Clear program.

### LEGAL DISCLAIMERS

The Crimson Clear program is not a diagnostic tool and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition or medical symptoms.

Information you provide to Crimson Clear is not “protected health information” subject to the Health Information Portability and Accountability Act (“HIPAA”) or its supporting regulations. As and to the extent such information is disclosed from Crimson Clear to Harvard University Health Services (“HUHS”), HUHS will treat the information in accordance with applicable HIPAA regulations.

## SELF-ASSESSMENT FORM

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First Name		Last Name	
Department			
HUID		Phone	
Email			

**Q1: ARE YOU EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS? (CHECK ALL THAT APPLY)**

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Fever, chills, or feeling feverish

New cough (not related to chronic condition)

Shortness of breath or difficulty breathing

New fatigue

Muscle or body aches

New headache

New loss of taste or smell

Sore throat

New nasal congestion or new runny nose (not related to seasonal allergies)

Nausea or vomiting

Diarrhea

⇒ If **ANY** of the above apply, you are NOT AUTHORIZED to enter Harvard facilities until Harvard University Health Services (HUHS) clears you. Please contact HUHS by email at [clear@huhs.harvard.edu](mailto:clear@huhs.harvard.edu) (ideally with a scanned or clearly photographed copy of this form). If you do not have access to email, call HUHS at (617) 495-5711, press \* and leave your contact information and explanation of symptoms (mention Crimson Clear in your message). HUHS will follow-up within 24 hours. Contact your personal health care provider if you have urgent medical questions. For medical emergencies, call 911 or go to your local emergency department.

⇒ If **NONE** of the above apply, proceed to Q2

**Q2: IN THE LAST 14 DAYS, HAVE YOU BEEN IN CLOSE CONTACT WITH ANYONE WHO HAS TESTED POSITIVE FOR COVID-19? (CHECK BOX)**

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Yes

No

- ⇒ If **Yes**, you believe you were exposed to a confirmed case of COVID-19, **you are NOT AUTHORIZED to enter Harvard facilities until Harvard University Health Services (HUHS) clears you**. Please contact HUHS by email at [clear@huhs.harvard.edu](mailto:clear@huhs.harvard.edu) (ideally with a scanned or clearly photographed copy of this form). If you do not have access to email, call HUHS at (617) 495-5711, press \* and leave your contact information and description of your exposure (mention Crimson Clear in your message). HUHS will follow-up within 24 hours. Contact your personal health care provider if you have urgent medical questions. For medical emergencies, call 911 or go to your local emergency department.
- ⇒ If No, proceed to Q3.

**Q3: HAVE YOU COMPLETED STATE MANDATED COVID-19 TRAINING? (CHECK BOX)**

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Yes

No

- ⇒ If **Yes**, proceed to Q4.
- ⇒ If **No**, **you are NOT AUTHORIZED to enter Harvard facilities at this time**. You must complete the required online COVID-19 training by visiting: <https://trainingportal.harvard.edu>

**Q4: PLEASE CONFIRM THE FOLLOWING STATEMENTS: (CHECK BOXES AND SIGN BELOW)**

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I attest that my answers are true and accurate

I have read and understood the privacy statement (provided on page 2)

<b>Signature</b>		<b>Date</b>	
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- ⇒ If both boxes are checked **and** you have signed and dated this form, **you are cleared to enter Harvard facilities on the date indicated above**. You may be required to show this clearance form when you are present at a Harvard facility.