

Yale SCHOOL OF NURSING

Guest Speaker Name: _____

Speaker Affiliation to YSN: _____

Course Number and Name: _____

Date of Class: _____ Hours of Class: _____

Course Faculty Name: _____

Faculty Signature: _____ Date: _____

Assoc. Dean Signature: _____ Date: _____

Faculty will need to meet guest speaker at main front doors and be present at the class. Speakers need to attest to you he/she will be following Yale safety guidelines (training, symptom attestations, etc), as well as wearing a mask while in the building.

Speakers should not come into YSN if they have **any** of the following symptoms

- Fever greater than 99.99F or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea