

Spring 2021 Academic Visitors Exception Request Form and Agreement

This form must be completed and submitted to Jim.Vigoreaux@uvm.edu at least 30 days before the scheduled campus visit

I hereby agree to follow all University of Vermont health and safety requirements for bringing an academic visitor to campus, and affirm that I am the UVM responsible individual who will be responsible for ensuring that quarantine, training, screening, and other COVID-19 requirements are met by the visitor. The requirements include, but are not limited to:

- For Visiting Scholar appointment, host completes [Request for a Non-Salaried Visiting Scholar Appointment](#)
- Visitor completes [State of Vermont VOSHA training](#) prior to their arrival on campus and provides certification to their UVM responsible individual
- Visitor completes [Daily Health Screening Check-in](#) by email or phone to the UVM responsible individual before coming to campus
- Visitor must abide by UVM COVID-19 protections including wearing a face covering, maintaining physical distance, practicing respiratory etiquette, practicing hand hygiene, and staying away if ill or symptomatic
- I will immediately contact UVM authorities if I become aware the visitor is confirmed to have a COVID-19 infection and has entered any UVM facilities in the fourteen (14) days prior to confirmation of the infection (without revealing the visitor's identity), and share information that will allow UVM to determine which of its employees and facilities may have been exposed

Host department or unit _____

Responsible UVM individual (host) _____

Name of visitor _____

Visit start and end dates: _____

Traveling from (city, county, state) _____

Purpose of the Visit _____

Visit Activities (identify meetings, facilities accessed) _____

Essential Visitor Justification (explain why the visit is essential at this time) _____

In addition, for out-of-state visitors:

Method of Travel to Vermont _____

Vermont Housing Arrangements _____

Vermont Quarantine Requirements (based on departure location) _____

Form submitted by (name) _____

Signature _____

Date _____

For Office of the Provost use only

Approved by _____

Date _____