

Columbia State Community College

Safe Health Questions for Students on Campus

The purpose of this questionnaire is for you to self-observe your health prior to coming to the college campus. Take your temperature and complete the Safe Health questions every day before coming to campus. If you answer YES to questions 1-5, please stay home and let your instructor know that you cannot attend.

int yo	ur Name : Date:		
int yo	ur Banner ID: A Your Phone Number:		
hich C	Campus will you be visiting today:		
hich B	Building(s) and Room Number(s):		
hich C	Course(s):		
hich C	Course(s):		
	Course(s):each question and check in the appropriate column:	Yes	No
Read e		Yes	No
Read e	Have you been in direct contact with a confirmed case of COVID-19 within the last 14 days? Are you experiencing any of the following that is NOT related to any	Yes	No
Read e 1. 2.	Have you been in direct contact with a confirmed case of COVID-19 within the last 14 days? Are you experiencing any of the following that is NOT related to any underlying condition(s) – cough, shortness of breath, or sore throat?	Yes	No
1. 2. 3.	Have you been in direct contact with a confirmed case of COVID-19 within the last 14 days? Are you experiencing any of the following that is NOT related to any	Yes	No
1. 2. 3. 4.	each question and check in the appropriate column: Have you been in direct contact with a confirmed case of COVID-19 within the last 14 days? Are you experiencing any of the following that is NOT related to any underlying condition(s) – cough, shortness of breath, or sore throat? Have you had a fever in the last 48 hours?	Yes	No
1. 2. 3. 4. 5.	Have you been in direct contact with a confirmed case of COVID-19 within the last 14 days? Are you experiencing any of the following that is NOT related to any underlying condition(s) – cough, shortness of breath, or sore throat? Have you had a fever in the last 48 hours? Have you had a new loss of taste or smell? Have you had vomiting or diarrhea in the last 24 hours that is NOT	Yes	No

Date: