

Pittsburg State University
COVID-19 Workplace Questionnaire
(Revised 5/19/2020)

Employees: Complete the form below and return to your supervisor.

1. Do you have new or worsening onset of any of the following symptoms: fever, cough, shortness of breath, or otherwise feel ill (excluding symptoms for which you have a known medical reason, such as seasonal allergies or asthma)?

YES NO

2. In the last 14 days have you had close contact (within 6 feet for 10 minutes or more) with a known or suspected COVID-19 case?

YES NO

3. In the last 14 days have you traveled to an area on the [Kansas Department of Health and Environment mandatory quarantine list](#)?

YES NO If YES, where have you traveled? _____

4. In the last 14 days have you had close contact (within 6 feet for 10 minutes or more) with someone who traveled to an area on the [Kansas Department of Health and Environment mandatory quarantine list](#) and became ill?

YES NO

I certify that the above information is correct. I understand that I have the responsibility to immediately notify my immediate supervisor should my responses on this questionnaire change.

Employee Name (print): _____ PSU ID/Person #: _____

Employee Signature: _____

Date Completed: _____

Supervisors: If the employee answers “yes” to any of the above questions:

1. *Direct the employee to return home and seek advice from a health care provider or the county health department. If the employee is not tested for COVID-19 procedures for requesting and reporting leave will apply.*
2. *Notify your immediate supervisor.*
3. *Send the questionnaire to Human Resource Services at payroll@pittstate.edu.*