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: _________________________________

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**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.