



CAMPUS VISITOR, STUDENT & EMPLOYEE QUESTIONNAIRE

Please respond honestly to the following questions. These questions are intended to protect the health of our students, employees, and communities. If you answer no to all of the questions below, access to campus will be granted (completing onsite) or we will see you at the time of day of your visit (completing online). While on campus, please practice social distancing and other precautions as posted on entry doors, electronic signage, and signage across campus. Students should refer to the COVID-19 Student Code of Conduct, Understanding & Assumption of Risk Form. If you answer yes to any of the questions below, you may not be allowed on campus at this point. If you are completing this information prior to arriving on campus, please do not come to campus if you answer yes to any of the questions even if you feel healthy. Again, contact a College official to determine an alternative return-to-campus date.

PLEASE PRINT

Visitor or Employee Name:
Student Name & Student ID#:
Student or Visitor Cell Number:
Reason for Being on Campus:
Campus Contact Name:
Date of Campus Visit:

1. Fourteen days prior to the date you are scheduled to be on campus (or today’s date), did you or will you travel out-of-state, live out of state, or travel to any of the locations listed on the Kansas Department of Health & Environment Travel & Exposure Related Isolation/Quarantine list (*)?

_____ No _____ Yes If yes, where? _____

*Check current KDHE website for most recent updates and additional information. <https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran>

2. Fourteen days prior to the date you are scheduled to be on campus (or today’s date), have you been exposed to a person(s) with known or suspected COVID-19 or received notification from public health officials (state or local) that you are a close contact of a laboratory confirmed case of COVID 19 and that you should quarantine at home from the last date of contact? (Close contact defined- for more than 10 minutes, you were within 6 feet of a patient who exhibited symptoms.)

_____ No _____ Yes Date of Notification _____

If yes to the above questions, it is necessary for you to leave campus and not return until after a 14-day quarantine period. We will work with you to schedule a return-to-campus date.

3. Did you or will you attend a large gathering (500 or more people*) 14 days prior to the date you are scheduled to be on campus where COVID-19 safety precautions were not practiced? * <https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran>

_____ No _____ Yes If yes, when? _____

If yes to the above question, it may be necessary for you to leave campus and not return until after a 14-day quarantine period. We will work with you to schedule a return-to-campus date.

INSTRUCTIONS FOR USE:

Note: The “hosting” employee and/or department serves as the point-of-contact and will facilitate and review the questionnaire responses and determine if the visitor is allowed to visit/remain on campus.

Approved by President’s Cabinet 7.2.2020
Updated by President’s Cabinet 7/22/20
Updated per KDHE guidelines, October 28, 2020
Updated, January 27, 2021
Updated, August 2021