



**RIO HONDO COLLEGE  
DEPARTMENT OF PUBLIC SAFETY**

**COVID-19 Student & Staff Health Questionnaire**

1. Name: \_\_\_\_\_

2. Date/Time/Site: \_\_\_\_\_

3. Is your temp 37.5°C or greater?

\_\_\_\_\_ Yes (notify Instructor or Supervisor) \_\_\_\_\_ No (proceed to #4)

4. Do you have respiratory symptoms such as a cough or shortness of breath?

\_\_\_\_\_ Yes (notify Instructor or Supervisor) \_\_\_\_\_ No (proceed to #5)

\* If yes to 3 or 4:

- N95 mask should be donned
- Isolate yourself away from others
- DO NOT touch anything at the facility
- Go Home and notify your doctor immediately!

*\*\* Staff assisting and performing assessment should don PPE and document.*

5. Have you had close contact with a person infected with COVID-19?

\_\_\_\_\_ Yes (notify Instructor or Supervisor) \_\_\_\_\_ No

\*If yes for #5, additional information will be gathered for a case by case determination of appropriate actions by the EMT, Police/Fire Academy or other course Instructors.