

COVID-19 SCREENING

COWLEY COLLEGE

1. What is the nature of your visit? _____

2. Where is home? _____

3. Have you traveled out of the United States or visited a travel-banned state or US geographical area identified by the CDC within the past 14 days? (Washington, California, etc.)

YES NO

4. Have you had exposure to a known COVID-19 case?

YES NO

5. Are you currently symptomatic or not feeling well today?

YES NO

By signing below, I hereby certify that I have accurately and correctly answered the questions above to the best of my knowledge, Any false statement may affect my access to Cowley College events, activities, and facilities in the future. If you become aware that the above information has changed, it should be reported immediately to Cowley College by contacting Lacey Kennedy, Health Services Coordinator via the information listed below.

Print Name

Date

Signature



Contact info: Lacey Kennedy, LPN | 620.441.5236 (office) | 620.741.1800 (cell)
Lacey.kennedy@cowley.edu