Suffolk
COUNTY COMMUNITY COLLEGE

COVID-19 EMPLOYEE RETURN-TO-WORK QUESTIONNAIRE

As part of the College's efforts to maintain a safe workplace during the COVID-19 pandemic, employees must complete and return this form before being given access to come onto the campus, until further notice. Your responses on this form are necessary to assist us in mitigating the risk of COVID-19 exposure in the workplace.

This form will be collected when you enter campus at the Public Safety booth and the Officer will ask you upon your arrival, "have you have answered "yes" to any of these questions?". If you answered "yes" you will not be allowed on campus and will be instructed to contact the Office of Human Resources.

If you are scheduled to come to work on campus and are experiencing any symptoms of COVID-19, do not come to campus and contact your supervisor and the Office of Human Resources immediately at 631-451-4239 or via email at avphr@sunysuffolk.edu.

Please answer each question by checking "Yes" or "No" in the corresponding box.	YES	NO
1. Are you currently experiencing or have you recently experienced one or more of the following symptoms?		
a. Fever or chills		
b. Cough		
c. Shortness of breath or difficulty breathing		
d. Fatigue		
e. Muscle or body aches		
f. Headache		
g. New loss of taste or smell		
h. Sore throat		
i. Congestion or runny nose		
j. Nausea or vomiting		
k. Diarrhea		
2. Have you tested positive for COVID-19 within the past fourteen (14) days?		
3. Have you had close contact with any persons who have tested positive for COVID-19 within the past fourteen (14) days? *Note: close contact is defined by Suffolk County Department of Health as being within 6 feet of a person displaying COVID-19 symptoms or someone who has tested positive for COVID-19 for a prolonged period of time, 10 minutes or more. A close contact may be less than 10 minutes if someone who has tested positive coughed or sneezed on you.*		
4. Have you had close contact with any persons who have displayed symptoms of COVID-19 or persons with suspected cases of COVID-19 within the past fourteen (14) days? *Note: close contact is defined by Suffolk County Department of Health has being within 6 feet of a person displaying COVID-19 symptoms or someone who has tested positive for COVID-19 for a prolonged period of time, 10 minutes or more. A close contact may be less than 10 minutes if someone who has tested positive coughed or sneezed on you.*		

Employee Name:_____ **Supervisor Name:**_____

Employee Signature:_____ **Date:**_____