

Student Questionnaire of Pandemic Exposure

- Please complete this form for any reported student pandemic exposure.
- The form should be completed by a student, faculty or staff member who has been notified of a potential pandemic exposure.
- Please be as thorough as possible.
- Completed forms should be emailed to your area Director/Dean and Vice President Office at VPSS@barstow.edu

Student's Name

Student Contact Phone

B Number

Case Number

Student's Email Address

1. When was the last date the student was on campus?

2. Was this more than 5 days ago? Yes
No

4. Was the student advised of a potential exposure and asked to quarantine by a health care professional?

Yes

No

3. COVID-19 Testing

Did the student test positive for COVID-19?

Yes No

Are you vaccinated? Yes No

Are you an international student Yes No

Is Student symptoms symptomatic?

Yes No

5. List physical locations and classrooms the student visited at ANY campus location within the last 5 days. Please be specific.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Welcome Center | <input type="checkbox"/> Visiting Center | <input type="checkbox"/> Sports practice | <input type="checkbox"/> Cafeteria/ Viking Lounge |
| <input type="checkbox"/> Athletics Department | <input type="checkbox"/> Counseling Department | <input type="checkbox"/> EOPS/ ACCESS/ K-Bld. | <input type="checkbox"/> Tutoring Services |
| <input type="checkbox"/> Wellness Building | <input type="checkbox"/> Admission & Records | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Library / TLSC building |

Classrooms/Labs

6. Were there students or staff present during your last visit?

Please note any specifics about known student or staff contact.

7. If you are in work-study, who is your supervisor and which office do you r work in?

Office Supervisor

8. Please provide any additional related information.

9. Person filling out form Date EXT.