

Request to Return to Lone Star College

Form for People Who Were Subject to Self-Quarantine



ALL FIELDS ARE REQUIRED

First & Last Name _____

LSC ID Number _____

LSC Affiliation

Student

Faculty

Staff

LSC Email Address _____

Phone Number _____

Have you completed the 14-day self-quarantine? Yes No

Have you had a cough during the self-quarantine? Yes No

Have you had a fever during the self-quarantine? Yes No

Have you experienced shortness of breath or other difficulty breathing during the self-quarantine? Yes No

Have you had sore throat, runny nose, congestion, fatigue or other flu-like symptoms during the self-quarantine? Yes No

Do you have any reason to believe you were exposed to anyone with COVID-19? Yes No

During your self-quarantine were you exposed to anyone with COVID-19? Yes No

Reason to be on Campus _____

By submitting this form, I acknowledge that I have read and understood the questions above. I have answered honestly and I certify the accurateness of the answers I have given.

Please save this PDF and email to: COVID19@LoneStar.edu.

COVID-19 questions? Email Covid19@LoneStar.edu

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