



Check-in Form

To keep our students and employees safe, the Los Angeles Community College District (LACCD) is following the Los Angeles County Public Health Department health order and requiring all students, employees, and visitors to be assessed for COVID-19 symptoms each day before entering any LACCD campus or facility.

Facility Check-In Instructions

Items marked with a red asterisk (*) are required.

This questionnaire must be completed each day prior to accessing this college facility. Individuals with confirmed or suspected COVID-19 are not approved to come onto LACCD facilities and should contact their healthcare provider.

There are three required health screening questions. After you answer questions 4, 5, and 6, follow the directions in the Entry Determination section to decide if you may enter your LACCD destination today.

Contact Information

1. Enter your Full Name*:

2. Email address*:

3. Are you a student, faculty, staff, or visitor? Choose one*:

I am a: Student Faculty Staff Visitor

Health Screening Questions

4. New or Worsening COVID-19 Symptoms*

Do you have NEW or WORSENING onset of any of the following symptoms in the past 10 days: Fever (Over 100.4 F/38 C), chills, cough, shortness of breath or difficulty breathing, or new loss of taste or smell? Choose one:

Yes, I have new or worsening onset of any of the symptoms described above in the last 10 days.

No, I do not have new or worsening onset of any of the symptoms described above in the last 10 days.

5. COVID-19 Proximity*

Have you had contact with a person known to be infected or suspected to have COVID-19 within the last 10 days AND are you required to quarantine?

Details for quarantine: If you entered LA County from outside of California, you need to self-quarantine unless you are fully vaccinated or have recently recovered from laboratory confirmed COVID-19. You do not need to quarantine for 10 days if you have no symptoms AND:

- Are fully vaccinated for COVID-19. This means 2 weeks have passed since your second dose in a 2-dose vaccine series or 2 weeks have passed since a single-dose vaccine, OR
- Have recovered from laboratory confirmed COVID-19 in the past 3 months (90 days). This means you had a positive COVID-19 viral test (swab or saliva) test and you completed isolation.

Choose one:

Yes, I have been in contact with someone in the past 10 days as stated above.

No, I have not been in contact with someone in the past 10 days as stated above.

6. COVID-19 Travel*

If you have not traveled outside of the state/country OR have traveled outside the state/country and are fully vaccinated, please answer "No" below. If you have traveled outside of the country/state in the past 10 days and are not fully vaccinated, please answer "Yes" below. If you answered "Yes", you will need to provide a negative COVID-19 test or quarantine for 10 days and monitor for symptoms.

For more information see the [LA County Public Health Travel Advisory](#).

Yes, I have traveled outside of the state or country and have not been fully vaccinated, as stated above.

No, I have not traveled outside of the state or country in the last 10 days or I have traveled as stated above but am fully vaccinated.

Entry Determination

Deny Entry to this Facility

If you have answered “Yes” to questions 4, 5 or 6, you are denied entry to this facility. Do not enter this LACCD facility today. Notify your instructor or supervisor by email that you will not arrive and follow up with your health care provider. Email this form to Emergency Operations Center without answering any additional questions.

Allow Entry to this Facility

If you have answered “No” to questions 4, 5 and 6, you are allowed to enter this LACCD facility. Please complete the remainder of this form by entering the date and time of your arrival and departure from your LACCD destination in the next set of questions.

Facility, Building, and Time Information

8. LACCD Facility*

Which LACCD campus or facility will you visit today?

9. LACCD Building*

Which building(s) will you be visiting? Write in all buildings you plan on entering.

10. Arrival Date and Time*

What is your planned date and earliest anticipated time of arrival at this facility today?

11. Departure Date and Time*

What is your latest anticipated time of departure from this facility today?

Important! Submit and Print this Form

To complete this form, please use the “Submit” button below and your completed form will be emailed to LACCD staff or email it directly to [Emergency Operations Center](#). You may need to show the results of this survey upon entry into this LACCD facility. You can either save the completed form onto your mobile device or print it out and take with you to the campus or facility.

