

COVID-19 Mandated Screening Form

The safety of employees, students, families and visitors remains our top priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure, mandatory health screening assessments are required to be completed *daily* by any employee or visitor entering a school facility. Please complete the following survey.

Name: _____ **Date:** _____

Building: _____

1. Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19?

Yes _____

No _____

2. Have you knowingly been in close or proximate contact in the past 14 days with anyone who has or had symptoms of COVID-19?

Yes _____

No _____

3. Have you tested positive for COVID-19 in the last 14 days?

Yes _____

No _____

4. Have you experienced any of the following symptoms in the past 48 hours? (Check all that apply)

_____ Fever of 100 degrees or greater

_____ Shortness of Breath

_____ Loss of Smell

_____ Loss of taste

_____ Vomiting

_____ Diarrhea

_____ Cough

_____ Chills

_____ Muscle Pain

_____ Sore throat

5. Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?

Yes _____

No _____