

SAMPLE FORM

Mandatory Daily Health Screenings for COVID-19

1. In the last 10 days, have you traveled internationally? (Information related to international travel can be found here: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>)

☐ Yes

☐ No

International travelers from most countries are required to quarantine.

2. Are you currently experiencing any symptoms consistent with COVID-19 that you cannot attribute to another health condition? (A list of potential symptoms can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)

☐ Yes

☐ No

If you answer YES, you should quarantine until you are confirmed to be negative for COVID-19.

3. Are you fully vaccinated OR have you recovered from a documented COVID-19 infection in the last 3 months? (fully vaccinated means you've received the second dose of a 2-dose vaccine OR one dose of a single-dose vaccine at least two weeks ago)?

☐ Yes

☐ No

If you answered YES to #3 and NO to #1 and #2, skip to certification.

4. In the past 10 days, have you tested positive for COVID-19 or are currently awaiting a COVID-19 test result?

☐ Yes

☐ No

If you answer YES, you should be home isolating until you receive an isolation release notice. If you are waiting for test results due to exposure or having symptoms you should isolate at home until receiving negative test results (positive tests will result in a mandatory isolation).

5. Have you been in close physical contact in the last 14 days with anyone who is known to have laboratory-confirmed COVID-19 or anyone who has any symptoms consistent with COVID-19?

Close physical contact is defined as being within 6 feet of an infected/symptomatic person for a cumulative total of 15 minutes or more over a 24-hour period starting from 48 hours before illness onset (or, for asymptomatic individuals, 48 hours prior to test specimen collection).

☐ Yes

☐ No

If you answer YES to this question, you should stay home and quarantine as required.

I certify that my answers are true and correct.

Signature: _____ Print: _____ Date: _____