

SCREENING QUESTIONNAIRE FOR COVID 19

1. Have you knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has symptoms of COVID 19?

YES

NO

2. Have you tested positive through a diagnostic test for COVID-19 in the past 10 days?

YES

NO

3. Have you experienced any symptoms of COVID-19, including a temperature of greater than 100.0 degrees F in the past 10 days?

YES

NO

4. Have you travelled internationally to a CDC Level 2 or 3 Travel Health Notice country or from a state per the NYS Travel advisory in the past 10 days? If you received a negative COVID-19 test result three days prior to your return and on your fourth day after return choose NO.

YES

NO

DATE_____

TIME_____

PRINTED NAME: _____

SIGNATURE: _____

MONITOR_____