



COVID-19 ACTIVE SCREENING QUESTIONNAIRE

This will be updated as the CDC and NY State Health Department's information on COVID-19 continues to change.

Your health and well-being are of the utmost importance and we are taking measures to keep the facility/office a safe environment for employees as well as the individuals under our charge and the public. Therefore, anyone coming into the facility/office will be screened and part of our screening process will include taking their temperature and asking the following questions.

1. Within the last 14-days, have you experienced a new cough that you cannot attribute to another health condition?
 YES
 NO

2. Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition?
 YES
 NO

3. Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition?
 YES
 NO

4. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?
 YES
 NO

5. Within the last 14-days, have you had a temperature at or above 100.0° or the sense of having a fever?
 YES
 NO

6. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?*(*Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes*)
 YES
 NO

If the individual answers YES to any of the questions they will not be allowed into the facility/office unless determined otherwise by a designated DOC medical professional.

**Please notify the facility if you receive a positive result.*

- *As long as they remain asymptomatic;*
- *Self-monitor symptoms as outlined in the guidance; and*
- *Wear a surgical mask at entry and at all times while on facility grounds*

Name: _____

Date: _____

Telephone: _____

Temp: _____