

Individual Health Screening

Student: _____

Date: _____

Check appropriate response

1. Do you currently have a fever of 100.4 degrees F or greater?

No. - Go to the next question.

Yes. - No further screening is needed. The individual may not enter the facility.

2. Do you have a cough or shortness of breath that began within the past 14 days?

No. - Go to the next question.

Yes. - No further screening is needed. The individual may not enter the facility.

3. In the past 14 days, have you gotten a positive result from a **COVID-19 test** that tested saliva or used a nose or throat swab? (not a blood test)

No. - Go to the next question.

Yes. - No further screening is needed. The individual may not enter the facility.

4. In the past 14 days, have you been in close contact (within 6 feet for at least 10 minutes) with anyone who either tested positive for COVID-19 (not a blood test) or developed symptoms of COVID-19 (fever, cough, or shortness of breath)?

No. - Go to the next question.

Yes. - No further screening is needed. The individual may not enter the facility.

5. Have you traveled domestically in the past 14 days?

No. - Go to the next question.

Yes. – Where? _____. If you have traveled outside NY to a restricted state, you may not enter the facility. This list can be found at <https://coronavirus.health.ny.gov/covid-19-travel-advisory>

6. Have you been in close contact with anyone from a restricted state? This list can be found at <https://coronavirus.health.ny.gov/covid-19-travel-advisory>

No.

Yes. – Which restricted state were they from? _____