



COVID-19 Health Screening

To enter the facility, you must answer “No” to all questions below:

In the past 48 hours have you had any of these common symptoms of COVID-19:

- Cough
- Sore throat
- Shortness of breath
- Temperature above 100.3
- New or worsening headache
- Gastrointestinal symptoms (nausea, vomiting or diarrhea)
- Complete loss of taste or smell

In the past 14 days has anyone in your household had close contact with a confirmed case of COVID-19 (less than 6ft of distance without a mask)

- Yes
- No

In the past 14 days has anyone in your household been put in quarantine for COVID-19?

- Yes
- No

In the past 14 days has anyone in your household traveled to a state listed on the NYS Restricted List (*List below is accurate on 9/15/20*). Please check the state website for updates after traveling):

- Alabama
- Alaska
- Arkansas
- Delaware
- Florida
- Georgia
- Guam
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Mississippi
- Missouri
- Montana
- Nebraska
- North Carolina
- North Dakota
- Oklahoma
- Puerto Rico
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Virginia
- West Virginia
- Wisconsin

This Health Screening must be checked every time you will enter the facility.