



Employee Daily Health Screening Questionnaire

Please complete this form **EACH MORNING** and present it to the screener at the screening station.

PRINT Employee Name: _____

Classroom/Department: _____ Date: _____

Screening Questions:

Since your last workday, or in the past 10 days, have you had any COVID-19 symptoms that ARE NOT attributed to another condition? Examples include but are not limited to cough, shortness of breath or difficulty breathing, fever or chills, muscle or body aches, fatigue, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you have NOT been fully vaccinated or NOT had a COVID-19 positive result within 90 days, have you been in known close or proximate contact with anyone who has tested positive for COVID-19 or suspected to have COVID-19 in the past 10 days.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been tested for COVID-19 in the past 10 days and/or waiting for test results?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Travel questions:

Have you traveled internationally in the past 10 days? If yes, please do not report to work until you have contacted Human Resources at 518-899-9235 for further instructions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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You WILL NOT be authorized entrance into the building If you answered **YES** to **ANY** of the questions listed above **OR** you have a temperature reading of **100.0 F or higher**.

Please contact Human Resources at 518-899-9235 to report your absence and receive further instructions regarding the required documentation needed before you may return to work.

You MAY report to work if you answered **NO** to **ALL** of the questions listed above **AND** upon arrival to work, you have a temperature reading of **less than 100.0 F**.

Staff that arrives with a temperature reading of **100.0 F or higher** will be denied access to the building and provided with further instructions at that time.