

Updated April 1, 2021



# HEALTH SCREENING

- 1. Have you had any COVID19 symptoms in the past 14 days (fever, cough, sore throat, shortness of breath, or difficulty breathing)?**
- 2. Have you had a positive COVID19 test in the past 14 days?**
- 3. Have you been in close contact with a confirmed or suspected COVID19 case in the past 14 days?**
- 4. Are you currently home from school or your organization because of a COVID-19 related closure? If so, have you been cleared by your school or NYS?**
- 5. Have you traveled outside of the United States recently? (If so, have you followed the current NYS travel rules? International travelers are required to quarantine for either 10 days or 7 days with a negative test 3-5 days after returning.)**

**Thank you for your honesty and cooperation in keeping our community safe.**