

APPENDIX A -Revised November 4, 2020



COVID-19 SCREENING QUESTIONNAIRE

As the Covid-19 pandemic is still present, we continue to follow CDC and DOH guidance in order to prevent the spread of the virus and to reduce the potential risk of exposure in our employees and Persons Supported. For this reason, anyone coming into the program/office space must complete and submit this questionnaire prior to initiating his/her/their work. You are encouraged to take your temperature at home prior to coming to work. If you prefer to take your temperature at work, we encourage you to use the contactless thermometer provided. If the answer to any of the questions below is YES, and/or your temperature is above 100.0° F, we ask you to please contact your supervisor and immediately leave the office/premises and go home.

The information on this form will be maintained as confidential. Any questions should be directed to Human Resources.

1	Are you currently experiencing, or have you experienced in the past 24 hours, any of the following symptoms? Yes <input type="checkbox"/> No <input type="checkbox"/> Fever (100.0° F or greater as measured by an thermometer) Yes <input type="checkbox"/> No <input type="checkbox"/> Cough Yes <input type="checkbox"/> No <input type="checkbox"/> Shortness of breath or difficulty breathing Yes <input type="checkbox"/> No <input type="checkbox"/> Sore throat Yes <input type="checkbox"/> No <input type="checkbox"/> New loss of taste or smell Yes <input type="checkbox"/> No <input type="checkbox"/> Chills Yes <input type="checkbox"/> No <input type="checkbox"/> Head or muscle aches Yes <input type="checkbox"/> No <input type="checkbox"/> Nausea, diarrhea, vomiting
2	In the past 14 days, have you sustained contact to anyone who has tested positive for Covid-19 or who has or had symptoms? Sustained contact means a contact of 15 minutes or more without social distancing of 6 feet or more and/or without wearing PPE. Yes <input type="checkbox"/> No <input type="checkbox"/>
3	In the past 14 days, have you tested positive for COVID-19? Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you traveled internationally or spent more than 24 hours, in the past 5 days, in a state that is not contiguous with New York State? The states that are contiguous with NY State are New Jersey, Pennsylvania, Connecticut, Massachusetts, and Vermont. (International travel or travel of more than 24 hours to a state other than these requires COVID testing and a period of quarantine.) Yes <input type="checkbox"/> No <input type="checkbox"/>

*Please note that this questionnaire will be updated as the CDC and DOH guidance on COVID-19 continues to change.

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: _____

Date: _____