



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 8/18/20*). Please check the state website for updates after traveling):

- | | |
|--------------|------------------|
| • Alabama | • Mississippi |
| • Alaska | • Missouri |
| • Arizona | • Montana |
| • Arkansas | • Nebraska |
| • California | • Nevada |
| • Delaware | • North Carolina |
| • Florida | • North Dakota |
| • Georgia | • Oklahoma |
| • Hawaii | • Puerto Rico |
| • Idaho | • South Carolina |
| • Illinois | • South Dakota |
| • Indiana | • Tennessee |
| • Iowa | • Texas |
| • Kansas | • Utah |
| • Kentucky | • Virginia |
| • Louisiana | • Virgin Islands |
| • Maryland | • Wisconsin |
| • Minnesota | |

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