

## **Health Screening Questionnaire**

ALL DOE employees, visitors, and families must complete a health screening before entering DOE facilities. This health screening must be completed on each day of arrival. Upon entering the facility, if you have not already completed the health screen you will be asked to provide responses to the questions below.

<ul> <li>Have you experienced any symptoms of COVID-19, including a fever of 100.0 degrees F or greater, a new coughnew loss of taste or smell or shortness of breath within the past 10 days?</li> <li>No. Go to the next question.</li> </ul>
Yes. No further screening is needed. The employee/guest may not enter the building.
. In the past 10 days, have you gotten a positive result from a COVID-19 test that tested saliva or used a nose or hroat swab? (not a blood test)
<ul><li>No. Go to the next question.</li><li>Yes. No further screening is needed. The employee/guest may not enter the building.</li></ul>
To the best of your knowledge, in the past 14 days, have you been in close contact (within 6 feet for at least 10 ninutes) with anyone who tested positive for COVID-19 or who has or had symptoms of COVID-19?  ☐ No. Go to the next question.
☐ Yes. No further screening is needed. The employee/guest may not enter the building.
<ul> <li>Have you traveled internationally or from a state with widespread community transmission of COVID-19 per</li> <li>he New York State Travel Advisory in the past 14 days?</li> <li>No. The employee/guest may enter the building.</li> </ul>
Yes. No further screening is needed. The employee/guest may not enter the building.

The NY C Department of Education may change recommendations as the situation evolves.









