

**ST. MARY'S SCHOOL FOR THE DEAF
EMPLOYEE DAILY HEALTH SCREENING QUESTIONNAIRE**

Your health and safety is our primary concern. If you are sick, you must stay home. If you become ill at work, you must go home. You may only work if all of the following statements are true:

1. I checked my temperature today, and I do not have a fever of 100.0° F or greater.
2. Neither I, nor anyone residing in my household, currently has or had ANY of the following COVID-19 symptoms within the last 10 days:

| | |
|---------------------------------------------|----------------------------------------------------------|
| Fever of 100.0° F or greater | Muscle or body aches |
| Cough | Sore throat |
| Shortness of breath or difficulty breathing | New loss of taste or smell |
| Chills | Gastrointestinal symptoms (nausea, vomiting or diarrhea) |
| Headache | Congestion or runny nose |

***Note:** Symptoms attributed to chronic conditions such as asthma and allergies or chronic gastrointestinal conditions may present the same symptoms as COVID-19 but are neither contagious nor pose a public health threat and are not considered symptoms of COVID-19.

3. I have not tested positive for COVID-19 within the last 10 days.
4. I have not knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19.
5. I am not subject to any quarantine requirements related to out-of-state travel, as provided for in New York State Executive Order 205.2 and New York State's COVID-19 travel advisory (<https://coronavirus.health.ny.gov/covid-19-travel-advisory>).

***Note:** NYS Travel Advisory site and the NYSDOH Travel advisory guidance directive is that New York employees will forgo their paid sick leave benefits from New York's COVID-19 paid sick leave law if they engage in non-essential travel to any states other than contiguous states from the time of return to New York until the end of the required period of quarantine or isolation. Contiguous states are Pennsylvania, New Jersey, Connecticut, Massachusetts and Vermont.

I hereby certify that the above statements are ALL true. (If you cannot certify these statements, you may not work.) I also affirm that I understand that I must notify the school nurse if I develop symptoms or if my answers to the screening questionnaire change.

Employee Name

Employee Signature

Date

If you cannot certify these statements, you may not report to work in-person and you should contact your supervisor for further guidance.