SUNY OLD WESTBURY

Daily COVID Screening Questionnaire

The safety of our employees and campus is our overriding priority. We are following the guidance from the NYS Department of Health and the CDC. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking employees who are physically present at their worksite or authorized visitors to complete this questionnaire before entering campus.

Employee/Visitor Name	
Office	
Date	

Screening Questions: Please answer Yes/No to each question.

If you answer YES to any questions, please leave work/campus immediately.

Employees - Please notify your supervisor and call the Office of Human Resources for guidance at 876-3179.

Visitors – please contact the appropriate campus office.

1. Do you have a fever (above 100F)? **Yes / No**
2. Have you had COVID-19 symptoms within the past 14 days? **Yes / No**
   - Cough
   - Trouble breathing
   - Fever
   - Chills
   - Muscle pain
   - Sore throat
   - New loss of taste or smell
   - Fatigue
   - Congestion or runny nose
   - Nausea or vomiting
   - Diarrhea
3. Have you had a positive COVID-19 test within the past 14 days? **Yes / No**
4. Have you had close contact with confirmed or suspected COVID-19 cases within the past 14 days? **Yes / No**
5. In the last 14 days, have you traveled from another state with significant community spread of COVID-19 for which New York State requires a mandated self-quarantine period? **Yes / No**

   List of restricted states can be found here: https://coronavirus.health.ny.gov/covid-19-travel-advisory.

   If you cannot access the website, please contact hr@oldwestbury.edu or call 516-876-3179 during the normal business hours of 8:30 am to 5:00 pm.

Please check to confirm you have a mask in your possession available for immediate use: _____

Please return this form to the Officer at the front gate. Thank you.