

## Daily Coronavirus (COVID-19) Screening Form

This screening must be completed by the attendant, prior to entering the building

Please answer the following questions to assess your ability to physically enter TBS. If you answer YES below, then you cannot enter the building.

Name \_\_\_\_\_

### Risk Factors

1. Have you tested positive for COVID-19 in the last 14 days?
2. Have you knowingly been in contact with or had exposure to anyone in the past 14 days who tested positive for COVID-19 or has/had symptoms of COVID-19?
3. Are you waiting for results of a COVID-19 test that was administered because they were experiencing symptoms or were exposed to or in contact with someone who is COVID-19 positive?
4. Do you have a temperature of 99.5 degrees or higher?
5. Are you experiencing any flu or flu-like symptoms including but not limited to, acute respiratory illness, shortness of breath, difficulty breathing, fatigue, fever, chills, sore throat, muscle aches or pain, nausea or vomiting, diarrhea or loss of smell/taste?
6. Have traveled internationally or to a state which currently has a travel advisory issued by New York State in the last 14 days? See  
link: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>

### Response

\_\_\_\_\_ **No to all the above questions**

\_\_\_\_\_ **Yes to any one (or more) of the above questions – You cannot enter the building**

Date: \_\_\_\_\_ Signature \_\_\_\_\_