

# COVID-19 Daily Entry Questionnaire

All employees, visitors, vendors, contractors must complete this form every day they enter the Library for work. Please consider the following 4 questions, and provide your answers below.

- 1) In the last 14 days, have you received a confirmed diagnosis for coronavirus (COVID-19) by a coronavirus (COVID-19) test or from a diagnosis by a health care professional or are you waiting for a pending COVID-19 test result?
- 2) In the last 14 days, have you traveled internationally (except commuting between work and home by personal vehicle)?
- 3) In the last 14 days, have you traveled to any State listed on the Governor's Restricted Travel list and stayed for longer than 24 hours?
- 4) In the last 14 days, have you had close contact with or cared for someone diagnosed with COVID-19 or are you participating in a COVID-19 clinical study that includes being exposed to the virus? Close contact is defined by NYSDOH as within 6 feet for at least 10 minutes starting from 48 hours before illness onset until the time the person was isolated (5/31/2020)
- 5) In the last 14 days, have you experienced any cold or flu-like symptoms (to include fever (Measured temperature greater than or equal to 100.0 degrees), cough, shortness of breath or difficulty breathing, sore throat, pressure in the chest, extreme fatigue, earache, persistent headache, diarrhea, vomiting, muscle pain, chills, repeated shaking with chills, and persistent loss of smell or taste)?

Note: Answer "yes" if the symptoms you have experienced are of greater intensity or frequency than what you normally experience. Answer "No" if you have been evaluated by a healthcare provider and have been released to return to work or you have had a negative COVID-19 test within 14 days after the onset of symptoms. You must provide either a return to work medical note from your healthcare provider and/or the results of the COVID-19 test to the safety officer.

If you are able to answer "YES" to one or more of the above questions, select YES below

If you are able to answer "No" to all the questions, select NO below

Based on the above screening questions, I believe that I may present a risk for spreading the COVID-19 virus  Yes  No

I am  employee  visitor  vendor  contractor

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Created 6/11/2020 Revised: 6/17/2020, 7/21/2020