



STATE UNIVERSITY OF NEW YORK
COLLEGE OF OPTOMETRY®

Daily Screening Form (COVID-19)

The safety of our faculty, staff, and students 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 Community, we are asking employees and students who are physically present at the College to complete this questionnaire within the first hour of reporting to the workplace or being in the building.

We strongly encourage you to complete this form prior to your arrival.

Date	
Name	
Department	
Student (Year)	

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

If you answer Yes to question 1 to 4, leave work immediately. If you answered Yes to question #5, please contact your supervisor or Student Affairs. Students should contact the Office of Student Affairs (212-938-5500). Employees should notify their supervisor and the Office of Human Resources for guidance (212-938-5883).

- Do you have a fever (above 100°F)? **YES**_____ **NO**_____
- Are you currently experiencing any of the following symptoms that you cannot attribute to another health condition? **YES**_____ **NO**_____
 - Cough (new or worsening)
 - Headache (new or worsening)
 - Shortness of Breath (new or worsening)
 - Chills
 - Muscle or Body aches
 - Sore Throat (new or worsening)
 - New Loss of Taste or Smell
 - Diarrhea, Nausea, Vomiting & Fatigue
- Have you tested positive for COVID-19 in the past 14 days? **YES**_____ **NO**_____
- Have you had any known close or proximate contact with anyone confirmed or suspected to have COVID-19 in the past 14 days? **YES**_____ **NO**_____
- Have you recently (within the past 14 days) traveled to New York City from an International location or from a state, listed as a Restricted State on the NYS Travel Advisory?
<https://coronavirus.health.ny.gov/covid-19-travel-advisory> **YES**_____ **NO**_____

I certify that the information provided herein is true and correct to the best of my knowledge.

_____ (Initial)