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.

This form should be completed daily.

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Department</td>
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<tr>
<td>Student (Year)</td>
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Screening Questions: Please answer Yes or No to each question.

If you answer yes to any questions, leave work immediately. Students should contact the Office of Student Affairs (212-938 5500). Employees should notify their supervisor and the Office of Human Resources for guidance at (212-938-5883).

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 (new or worsening)
   - Headache (new or worsening)
   - Shortness of Breath (new or worsening)
   - Chills or Fever
   - Congestion or Running Nose
   - Sore Throat (new or worsening)
   - New Loss of Taste or Smell
   - Muscle or Body aches
   - Nausea or Vomiting
   - Fatigue
   - Diarrhea
3. Have you tested positive for COVID-19 in the past 14 days? **YES**____  **NO**____
4. 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**____

__________(Initial)

Please submit completed form to your supervisor