

Daily In-Office COVID Screening Questionnaire

The safety of our employees 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** to complete this questionnaire upon arrival at the worksite (and no later than within the first hour).

This form should be completed on a daily basis and submitted on a weekly basis to HR in UAB 300.

Employee Name	
Department/Unit	
Week Start Date	

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

If you answer yes to any questions on any day, leave work immediately. Please notify your supervisor and call the Medical Reporting Hotline 518-442-1501.

- Are you exhibiting symptoms of COVID-19?
 - Cough, congestion, runny nose (new or worsening)
 - Shortness of breath or difficulty breathing (new or worsening)
 - Fever (100 F or more) or chills
 - Muscle pain (new or worsening)
 - Sore throat
 - New loss of taste or smell (new or worsening)
 - Nausea, vomiting, diarrhea
 - Headache
- Have you had a positive COVID-19 test within the past 10 days?
- Have you had close contact with someone confirmed or suspected of having COVID-19 in the past 10 days?

As a reminder you must have a mask when you will be at the worksite.

Initialing below attests that you answered NO to ALL above questions.

	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
Scheduled Work Day?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Employee Initials and Date							