



Health Screening Questionnaire

Name: _____

Date: _____

Time: _____

ALL DOE employees, visitors, and families must complete a health screening before entering DOE facilities. This health screening must be completed on each day of arrival. This health screening can also be completed online at: <https://healthscreening.schools.nyc/>. Upon entering the facility, if you have not completed the online health you will be asked to provide responses to the questions below.

1. Have you experienced any symptoms of COVID-19, including a fever of 100.0 degrees F or greater, a new cough, new loss of taste or smell or shortness of breath within the past 10 days?

- No. Go to the next question.
- Yes. No further screening is needed. The employee/guest may not enter the building.

2. In the past 10 days, have you gotten a positive result from a COVID-19 test that tested saliva or used a nose or throat swab? (not a blood test)

- No. Go to the next question.
- Yes. No further screening is needed. The employee/guest may not enter the building.

3. To the best of your knowledge, in the past 14 days, have you been in close contact (within 6 feet for at least 10 minutes) with anyone who tested positive for COVID-19 or who has or had symptoms of COVID-19?

- No. Go to the next question.
- Yes. No further screening is needed. The employee/guest may not enter the building.

4. Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the [New York State Travel Advisory](#) in the past 14 days?

- No. The employee/guest may enter the building.
- Yes. No further screening is needed. The employee/guest may not enter the building.