

PORT JEFFERSON SCHOOL DISTRICT

HUMAN RESOURCES DEPARTMENT
550 SCRAGGY HILL ROAD
PORT JEFFERSON, NY 11777
PHONE (631)791-4236 FAX (631)476-4467



7.22.2020

COVID-19 DAILY EMPLOYEE SELF HEALTH SCREENING

Until further notice, all staff entering the buildings must read this questionnaire each workday, either by hard copy or by a GOOGLE form. This form should be completed **PRIOR** to entering the buildings. New York State (NYS) requires employers to screen employees for COVID-19 symptoms before the employee can enter the workplace each day. The information will be collected by your immediate supervisor and kept confidential.

You can complete the form via your cell phone – Open camera app and point steadily at the QR code – it should send you automatically to the COVID-19 Health Screening form. If nothing happens, you may have to go to your settings app and enable QR Code scanning.

URL: <https://tinyurl.com/y4e96qmv>



Please read and check if you are "Cleared" (No to all questions) or "Not Cleared" (Yes to any question)

Are you currently experiencing any symptoms related to COVID-19?

Symptoms include fever of 100.0 or higher, cough, shortness of breath, or at least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell

Have you tested positive for COVID-19 in the past 14 calendar days?

Have you had close contact with an individual with a confirmed case of COVID-19 in the past 14 calendar days?

In the past 14 calendar days, have you been requested/directed to self-quarantine or self-isolate by a medical professional or local public health official?

Have you traveled within the past 14 calendar days, internationally or a state with widespread community transmission of COVID-19 per the NEW YORK STATE TRAVEL ADVISORY. (see link: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>)?

Cleared

Not Cleared

- If you answered "Not Cleared", please do not enter the building before contacting your immediate supervisor or Human Resources.
- If you answered "Cleared " Please sign below

Signature: _____

Date: _____