

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

VISITOR
COVID-19 DAILY SELF-HEALTH QUESTIONNAIRE

Until further notice authorized visitors, vendors, and contractors entering the buildings must complete this daily self-health questionnaire form **PRIOR** to entering the buildings. New York State (NYS) requires employers to screen visitors, vendors and contractors for COVID-19 symptoms before a visitor; vendor and contractor can enter the workplace each day. The information will be collected by a building representative and kept confidential.

Name:		Date:
Time In:		Time Out:
Location (check box)		Destination In Building (i.e. main office, gym, etc.)
Edna Louise Spear Elementary School	<input type="checkbox"/>	
Port Jefferson Middle School	<input type="checkbox"/>	
Earl L. Vandermeulen High School	<input type="checkbox"/>	
District Office	<input type="checkbox"/>	
Operations and Maintenance	<input type="checkbox"/>	

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

<p>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.</p>
<p>Have you tested positive for COVID-19 in the past 14 calendar days?</p>
<p>Have you had close contact with an individual with a confirmed case of COVID-19 in the past 14 calendar days?</p>
<p>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?</p>
<p>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)</p>

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: _____