

**V2 CCE -Columbia & Greene Counties- COVID Health Screening
VISITORS**

Date:

Instruction

New York State requires CCE to daily screen all employees and visitors for signs of COVID-19. This is permissible under [EEOC](#) guidance. All CCE Columbia & Greene Counties employees are required to comply with daily health screenings.

Name:

Office:

Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?

According to the CDC guidance on ["Symptoms of Coronavirus,"](#) people with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms of COVID-19 include, but are not limited to: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste or smell.

☐ Yes

☐ No

Have you experienced COVID-19 symptoms in the past 14 days?

According to the CDC guidance on ["Symptoms of Coronavirus,"](#) people with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms of COVID-19 include, but are not limited to: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste or smell.

☐ Yes

☐ No

Have you had a positive COVID-19 test in the past 14 days?

☐ Yes

☐ No

I agree that I am attesting to the truthfulness and accuracy of the information I have provided on this form and I agree to stay home if indicated by the health screening:

☐ I Disagree

☐ I Agree

End of Survey

Thank you for complying with NY State's mandatory daily COVID health screening. If you answered "Yes" to any health question, please refrain from entering our offices.