

**DASNY Visitor COVID-19 Screening Questionnaire (FOR PRINTING)**

Visitor name: \_\_\_\_\_ Visitor phone number: \_\_\_\_\_

Company name: \_\_\_\_\_ Company phone number: \_\_\_\_\_

DASNY field site or office location visiting: \_\_\_\_\_

Employee requesting visitor (if applicable): \_\_\_\_\_

Date of screen and date of visit: \_\_\_\_\_

Time of screen: \_\_\_\_\_

*\*Screening cannot be done the day before the visit. Screening must be done within an hour, prior to the visit.*

Screened by (CHECK ONE):  Self  Other (if other, indicate name): \_\_\_\_\_

*\*If selecting "Other," they must be designated DASNY screening staff*

1. Do you have a temperature greater than or equal to 100.0 degrees Fahrenheit?:

Check the appropriate box:  NO  YES

2. Have you had any known close contact with a person confirmed or suspected to have COVID-19 in the past 14 days? [Please note, close contact does not include individuals who work in a health care setting and are wearing appropriate, required personal protective equipment (PPE)]:

Check the appropriate box:  NO  YES

3. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?:

Check the appropriate box:  NO  YES

4. Are you currently experiencing ANY of the following symptoms?: Cough (new or worsening), shortness of breath (new or worsening), troubled breathing (new or worsening), fever, chills, muscle pain (new or worsening), headache (new or worsening), sore throat (new or worsening), new loss of taste, new loss of smell. [Please note, a few of the above symptoms may occur with preexisting medical conditions, such as allergies or migraines. You should only answer "YES," if your symptoms are new or worsening.]

Check the appropriate box:  NO  YES

5. In the past 14 days have you traveled internationally?

Check the appropriate box:  NO  YES

**RESULTS**

Answers "no" to all questions – passed; authorized for entry on the date and location requested.

Answers "yes" to any question – **Not authorized for entry** on the date and location requested.

**Completed forms must be provided to the DASNY employee requesting the visit, conducting the bid opening or otherwise hosting a meeting subject to the Open Meetings Law. If DASNY security is present at the site, security staff must be shown a copy of the completed form upon the visitor's entry.**

**The DASNY employee requesting the visit must scan and email each completed form to [HR@DASNY.org](mailto:HR@DASNY.org), or send by postal mail to: DASNY, HR Department, 515 Broadway, Albany, NY 12207**