

Name _____ Date _____ Telephone Number _____

Have you been fully vaccinated against COVID-19, that is, received two doses of the Moderna or Pfizer vaccine greater than two weeks ago but less than 90 days? (Circle the appropriate response)

Yes If yes, you may enter. Remember to sign below. **No** If no, you must complete the following:

If you answer YES to any of these questions, you are NOT ELIGIBLE to enter the building. Employees of ECS must contact an administrator immediately.

- A. Have you had any COVID-19 symptoms in the last 14 days? Common Symptoms:
Fever, chills, cough, shortness of breath, headache, muscle or body aches, headache, loss of taste and/or smell, congestion, runny nose and/or sore throat.
- B. Have you had a positive COVID-19 test within the last 14 days?
- C. Have you had close contact with a confirmed or suspected case of COVID-19 case within the last 14 days?
- D. NYS's COVID-19 Travel Advisory requires everyone who travels outside New York State and its bordering states (CT, MA, NJ, PA, and VT) to complete the following upon return to New York:
 - If you were away for less than 24 hours, no quarantine is required, but you must take a COVID diagnostic test 4 days after your return to New York.
 - If you were away for 24 hours or more, complete one of the following quarantine options:
 - Quarantine for 10 days
 - Obtain a COVID diagnostic test within 3 days before returning to NYS. Quarantine for 3 days when you return. On day 4, obtain another COVID diagnostic test. Once you get back negative results from both tests, you may end quarantine early.

Are you required to quarantine due to travel anywhere outside of NY (CT, MA, NJ, PA, and VT)?

E. Temperature check was over 100 degrees?

_____ **NO to A, B, C, D, and E above. You are able to report to work.**

I have answered these questions truthfully to protect my own health and the health of those around me. I agree to follow NYS and district guidelines.

Signature

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