

CONSTRUCTION THE RIGHT WAY: COVID-19 HEALTH SCREENING ASSESSMENT

COVID-19 is a highly-contagious respiratory illness. Governor Cuomo is requiring all employers to implement and conduct mandatory health screening assessments daily. To fulfill this requirement, all employees must complete and submit the below questionnaire each day.

Name: _____ **Date:** _____

Please answer the following questions truthfully, sign below and submit to your supervisor.

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1. Have you had a **temperature** above 100.4 degrees in the last 48 hours?

2. Have you experienced COVID-19 **symptoms** in the last 14 days?

3. Have you **tested positive** for COVID-19 in the last 14 days?

4. Have you been in **close contact** with a confirmed or suspected COVID-19 case in the last 14 days?

5. Are you experiencing a cough, shortness of breath, or sore throat?

6. Have you had a **new loss of taste or smell**?

7. Have you had **vomiting** or diarrhea in the last 48 hours?

Employee Signature: _____

Employer/Supervisor initial receipt of signed assessment: _____