

COVID-19 SCREENING

We are required by state and city regulations to screen every person entering our building using the following questions. As an added precaution, we are also taking the temperature of each person.

Please answer these questions by order. If you answered YES to any of the questions you are kindly asked to leave and return on another day. Thank you for your cooperation.

- 1. Have you experienced a fever of 100.4 degrees Fahrenheit or greater, a new cough, new loss of taste or smell, or shortness of breath within the past 10 days?**
- 2. In the past 10 days, have you tested positive for COVID-19 using a test that tested saliva or used a nose or throat swab (not a blood test)? (10 days measured from the date you were tested, not the date you received the test result.)**
- 3. To the best of your knowledge, in the past 14 days, have you been in close contact (within 6 feet for at least 10 minutes) with anyone while they had COVID-19?**
- 4. In the past 14 days, have you traveled internationally or returned from a state identified by New York State as having widespread community transmission of COVID-19 (other than just passing through the restricted state for less than 24 hours)?**