

# COVID - 19 Daily Self Checklist

This health check must be completed and submitted by all visitors, staff and adult students prior to entering a Western Suffolk BOCES facility.

<input type="radio"/> YES	<b>Do you have a temperature of 100.0 degrees or greater?</b> If you have not taken your temperature today, you must do so prior to entering our building .	<input type="radio"/> NO
<input type="radio"/> YES	Have you been diagnosed with COVID-19 in the past 10 days?	<input type="radio"/> NO
<input type="radio"/> YES	<b>Do you have <u>any</u> of the COVID symptoms listed below:</b> Loss of smell or taste, shortness of breath, cough, headache, fatigue, muscle pain, body aches, sore throat, congestion, runny nose, nausea, vomiting, diarrhea?	<input type="radio"/> NO
<input type="radio"/> YES	Are you subject to a COVID-19 quarantine according to the most recent NYSDOH requirements?	<input type="radio"/> NO
<input type="radio"/> YES	Have you traveled internationally or to any area that is subject to the NY State travel advisory in the last 10 days?	<input type="radio"/> NO

**If you have marked "YES" to any of the above questions, you are not permitted to enter a Western Suffolk BOCES building unless this form is reviewed and approved by a building administrator.**

This form is current as of 4/5/2021

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date