



Our Visitor Health Screening is required to maintain the health and safety of all families and police officers participating in the Child Safety Checks. Please circle the accurate answer to each question listed below.

1. Have you or anyone in your household 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?

Yes

No

2. In the past 10 days, have you or anyone in your household tested positive for COVID-19? (10 days measured from the date of testing not date of receipt of results)

Yes

No

3. To the best of your knowledge, in the past 14 days, have you or anyone in your household been in close contact (within 6 ft for at least 10 minutes) with anyone while they had COVID-19?

Yes

No

4. In the past 14 days, have you or anyone in your household traveled internationally or returned from a state identified by NY State as being on the travel advisory list for COVID-19? [HTTPS://CORONAVIRUS.HEALTH.NY.GOV/COVID-19-TRAVEL-ADVISORY](https://coronavirus.health.ny.gov/covid-19-travel-advisory) for applicable states.

Yes

No

Name			
Cell #			
Temperature			

****Temperature must be taken by technician****

Please complete table for everyone that arrived with you to the checkpoint today.

Please sign on the line below to verify the information listed above is accurate.

Signature: _____ Date: _____