

Health Screening Questions During COVID-19

1. Have you had any COVID-19 symptoms in past 14 days, including fever/chills, cough, shortness of breath, muscle or body aches, headache, new loss of taste or smell?

2. Have you had a positive COVID-19 diagnostic test in the past 14 days?

3. Have you had close contact with confirmed or suspected COVID-19 case in past 14 days?

4. Have you traveled outside of New York State for longer than 24 hours within the past 14 days? (Except contiguous states.)



Monitor
Symptoms



Testing helps
stop the spread



Keep 6-foot
Distance



Travel is
discouraged

