Oneida City School District

Visitor Daily Health Screener- updated March 31, 2021

Name _____ **Date:** _____

Please check YES or NO to the following questions:

This must be completed prior to coming to school daily. **If you answer yes to any questions, you should not come to school and you must contact your principal.**

YES	NO	Question
		The visitor has traveled internationally or to any state outside of NY (other than CT, MA, NJ, PA or VT) in the past 10 days.
		The visitor has been designated a contact of a person who tested positive for COVID-19 by the local health department. The student has been quarantined by the DOH.
		The visitor has tested positive for COVID-19 in the past 10 days.
		The visitor has experienced symptoms of COVID-19 (cough, shortness of breath, difficulty breathing, fatigue, runny nose, congestion, headache, sore throat, fever or chills, muscle or body aches, nausea/vomiting or diarrhea, and loss of taste or smell) or a temperature of 100.0F or higher in the past 10 days.