



COVID-19 ACTIVE SCREENING VISITOR QUESTIONNAIRE

Your health and well-being are of the utmost importance and we are taking measures to keep the facility/office a safe environment for employees as well as the public. Therefore, anyone coming into the facility/office will be screened and part of our screening process will include taking their temperature or asking the following questions.

Visitor Name: _____

Visitor's Company/Organization: _____

Visitor's Phone Number: _____

Department and Purpose of Visit: _____

Name of Employee Granting Entry: _____

For any traveler to New York State from out of state, exempting the contiguous states, the new guidelines for travelers to test-out of the mandatory 14-day quarantine are below:

For travelers who were in another non-contiguous state for more than 24 hours:

- Travelers must obtain a test within three days of departure from that state. – Please submit negative test result to Human Resources
 - The traveler must, upon arrival in New York, quarantine for three days.
 - On day 4 of their quarantine, the traveler must obtain another COVID test. If both tests come back negative, the traveler may exit quarantine early upon receipt of the second negative diagnostic test.
- Please submit negative test result to Human Resources

For travelers who were in another non-contiguous state for less than 24 hours:

- The traveler does not need a test prior to their departure from the other state, and does not need to quarantine upon arrival in New York State.
- However, the traveler must fill out the traveler information form upon entry into New York State, and take a COVID diagnostic test 4 days after their arrival in New York.

<https://coronavirus.health.ny.gov/covid-19-travel-advisory>

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| 1. Have you traveled to any Non-contiguous state in the past 14 days? | YES | NO |
| 2. Within the last 14-days, have you experienced any symptoms of COVID-19? | YES | NO |
| 3. Within the last 14-days, have you been tested for COVID-19? | YES | NO |
| 4. If you ever have been tested for COVID-19, please select the appropriate response below: | | |
| a) I tested negative for COVID-19 | | |
| b) I tested positive for COVID-19 | | |
| c) I have not received the results of my test yet | | |
| 5. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?* | YES | NO |
| <i>(Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes)</i> | | |
| 6. Have you been in close contact with anyone waiting for COVID-19 test results? | YES | NO |
| 7. Temperature taken with an Infrared Forehead Thermometer (circle one): | PASS (<99.9°) | FAIL(>99.9°) |

Visitor Signature: _____ Date: _____

Town Employee Signature: _____ Date: _____

The information collected on this form will be used to determine access to the Town of Wappinger building. Any “Yes” on the assessment will result in access being denied. Each Department will oversee the execution of this form and to ensure this form is completed and then grant the visitor entry to the building. All forms must be delivered to the Supervisor’s Office by end of the day.