

The Arc, Oneida-Lewis Chapter HEALTH SCREENING QUESTIONNAIRE

Protecting the People we Support, our Employees, Customers, Suppliers, and Partners are of utmost importance to us during this 2020 COVID-19 Health concern. To gain access to any of our facilities, please complete the form below and return by email to the employee who sent it to you. Should any item be checked **YES**, per NYS DOH, and OPWDD guidance, you are asked to contact the NYS DOH and will not be allowed into any Arc, Oneida-Lewis facility until you no longer exhibit any such symptoms.

2020 FLU/COVID-19 HEALTH SCREENING QUESTIONNAIRE

VISITOR NAME:		DATE:		
COMPANY:				
EMAIL ADDRESS:				
ADDRESS:				
CITY:		PHONE		
SITE/LOCATION VISITING:				
REASON FOR VISIT:				
QUESTIONS			YES	NO
1. IN THE PAST 14 DAYS, HAVE YOU TRAVELED TO CHINA, ITALY, or SOUTH KOREA, OR BEEN IN CONTACT WITH ANYONE WHO HAS or HAVE YOU BEEN IN CONTACT WITH ANYONE FROM THE CDC LEVEL 2 OR LEVEL 3 TRAVEL DESIGNATIONS WITHIN THE PAST 14 DAYS?				
2. TO YOUR KNOWLEDGE HAVE YOU HAD CONTACT WITH ANY PERSON UNDER INVESTIGATION (PUIs) WITHIN THE LAST 14 DAYS OR DO YOU HAVE ANY REASON TO BELIEVE YOU HAVE BEEN EXPOSED TO COVID-19 VIRUS?				
3. DO YOU HAVE ANY SYMPTOMS OF A RESPIRATORY INFECTION?				
✓ NON-PRODUCTIVE (DRY) COUGH?				
✓ FEVER?				
✓ RESPIRATORY DISTRESS?				
✓ FATIGUE?				
✓ CHILLS?				
✓ MUSCLE OR BODY ACHES?				
✓ SORE THROAT?				
✓ NAUSEA/VOMITING/DIARRHEA				
✓ SHORTNESS OF BREATH				

I attest that the answers I have provided are honest and accurate.

Print Name:		AM	PM
Signature:	Date:	Time:	

***Instructions:** Once the form is completed, please email this back to ITDept@thearcolc.org or mail back to The Arc Oneida-Lewis Chapter ATTN: IT Department, 245 Genesee Street, Utica NY 13501.

Please note: information provided here is for Arc, Oneida-Lewis Chapter use only, and will not be shared with any other source.

Department of Health 24/7 Hotline: 1-888-364-3065

