

# Sauquoit Valley Central School District

## Self-Assessment Form

1. Have you experienced the following symptoms in the past 14 days?

Symptom	Yes	No
Cough		
Shortness of Breath		
Difficulty Breathing		
Fever (above 100° F)		
Chills		
Muscle Pain		
Sore Throat		
Loss of Taste/Smell		

2. Have you been around anyone that has tested positive for COVID-19 in the past 14 days? Yes / No

3. Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19? Yes / No

4. Have you tested positive through a diagnostic test for COVID-19 in the past 14 days? Yes / No

5. Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days? Yes / No

Note: If you have marked Yes to any of these questions you are not permitted to enter our facility and must go home. Employees are expected to notify their supervisor.

Print Name

Signature

Date