

Today's Date: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Horseshoe Crab Monitoring Site: \_\_\_\_\_

## Performing a Self-Health Screening and Attestation Instructions for Volunteers

New York State requires Suffolk CCE to daily screen all employees and volunteers for signs of COVID-19. This is permissible under [EEOC](#) guidance. All Suffolk CCE employees and participating volunteers are required to comply with daily health screenings.

### 1. Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?

*According to the CDC guidance on "Symptoms of Coronavirus," people with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms of COVID-19 include, but are not limited to: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste or smell.*

Yes                       No

*{Condition: If Yes Is Selected, then Skip To Question 4 - Don't come to CCE volunteer site}*

### 2. Have you experienced COVID-19 symptoms in the past 14 days?

*According to the CDC guidance on "Symptoms of Coronavirus," people with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms of COVID-19 include, but are not limited to: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste or smell.*

Yes                       No

*{Condition: If Yes Is Selected, then Skip To Question 4 - Don't come to CCE volunteer site}*

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

Yes                       No

*{Condition: If Yes Is Selected, then Skip To Question 4 - Don't come to CCE volunteer site}*

### 4. Don't come to CCE volunteer site.

Based on your answer, if you answered "Yes" to any health question, you are not permitted to Volunteer on behalf of CCE in any capacity outside of your home.

1. Please immediately contact your healthcare provider for assessment and testing. The local health department and DOH must be immediately notified about the suspected case.
2. Please contact your Volunteer supervisor about not being able to come to the CCE volunteer site.

I agree that I am attesting to the truthfulness and accuracy of the information I have provided on this form and I agree to stay home if indicated by the health screening:

I Agree

*Thank you for complying with NY State's mandatory daily COVID health screening.*

*Please complete this form on each day that you volunteer and return it to your Horseshoe Crab Site Coordinator.*

*Volunteers who do not complete this survey will not be allowed to participate.*