



COVID-19 QUESTIONNAIRE

In accordance with guidelines from the Centers for Disease Control and Prevention, and local health authorities, we are requesting you complete and submit this COVID-19 Health Screening Questionnaire. These data will reduce the potential risk of exposure to our workforce and students; and facilitate efforts to prevent the spread of the coronavirus within our learning communities.

1) Have you had COVID-19 symptoms in the past 14 days?

YES

NO

2) Have you tested positive for COVID-19 in the past 14 days?

YES

NO

3) Have you had close contact with someone with confirmed or suspected COVID-19 exposure in past 14 days?

YES

NO

4) Have you traveled outside of NY, NJ, CT or internationally within the past 14 days?

YES

NO

If you, or if anyone in your household has developed symptoms of COVID-19, you are expected to notify the Yonkers Public Schools COVID-19 Coordinator, Dr. Ammir Rabadi (914-376-8226.) or send an e-mail to HEALTHSERVICES@YonkersPublicSchools.org.

Attestation:

By signing this form, I represent that all the above statements are accurate and true.

Print Name: _____

Sign Name: _____

Date: _____