

# Day Program Health Screening and Attestation

This form must be completed daily and provided to the Transportation staff prior to entering the vehicle for the purposes of attending Day Program Services provided by the Advocacy and Resource Center. If the answers to any of the questions are yes, the individual must stay home.

Individual Name: \_\_\_\_\_ Date: \_\_\_\_\_

Has there been any signs or symptoms of a fever in the past 24 hours? Is temperature taken this morning 100.0 or above?

Yes  No

Does individual have any of the following symptoms:

- Fever of 100.0 degrees or greater
- Cough
- Shortness of breath or breathing difficulty
- Chills
- Muscle Aches
- Headache
- Sore Throat
- Abdominal pain
- Vomiting
- Diarrhea
- Runny Nose
- Fatigue
- Wheezing
- New loss of taste or smell

Yes  No

Has individual travelled to an area on the NYS Travel Advisory List in the past 14 days? Up to date list can be found by typing the following in your web browser: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>

Yes  No

Has individual had any contact in the past 14 days with someone with confirmed COVID-19 or that is currently being tested for COVID-19?

Yes  No

**By signing below, I am attesting to the fact that a thorough screening has been completed and the information provided is accurate. I further acknowledge that, should the above-named individual present with signs or symptoms of COVID-19 upon screening at arrival to the Day Program location I will arrange for pick up of the individual as soon as possible.**

Screener Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_