

If you answered “yes” to any of the questions below, you must refrain from entering the school facility. Please contact your school administrator and healthcare provider.



Tuckahoe UFSD Daily Health Screening

Name	
Date	

Screening Question	Yes	No
Today, is your temperature above 100.0° F?		
Have you experienced any symptoms of COVID-19 and/or a temperature of greater than 100.0° F, in the past 14 days? https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html		
Have you tested positive through a diagnostic test for COVID-19 in the past fourteen (14) days?		
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?		
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?		