



## RESIDENTIAL AND DAY SCHOOL

### STAFF HEALTH SURVEY

By completing this form, I certify that in the last 14 days:

- 1) I have not had a fever of 100.4 degrees F (38 degrees C) or higher.
- 2) I have not experienced symptoms such as cough, difficulty breathing, and loss of sense of smell or taste.
- 3) Neither I nor anyone with whom I've had close contact with, has been notified about possible exposure to a confirmed case of COVID-19. Close contact means direct contact with infectious secretions (e.g., being coughed on) or being within 6 feet (2 meters) for a prolonged time, and
- 4) I have not traveled out of the United States or to the states on the New York State advisory list.

If you cannot confirm all of the above as true **STOP** and contact your Supervisor. Do not report to work until you have contacted your Supervisor. Harmony Heights Employees are also responsible for communicating with Kathy Nastri, Executive Director, at 516-456-8008 or through email at [Kathy.nastri@harmonyheights.org](mailto:Kathy.nastri@harmonyheights.org)

I certify that all of the above is true:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TEMPERATURE SCREENING DONE: \_\_\_\_\_  
Initial

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