THE LOG TEAR-OFF (TAB) MUST BE SUBMITTED TO YOUR SUPERVISOR, DEPARTMENT HEAD OR PI <u>EVERY DAY</u>
THE SCREENING BELOW SHOULD BE COMPLETED <u>PRIOR TO OR WITHIN ONE HOUR</u> OF ARRIVING ON CAMPUS

<u>DO ANY OF THE FOLLOWING APPLY TO YOU?</u>

- **Tested Positive for COVID-19 in the past 14 days**
- **Close contact with someone who tested positive or had symptoms of COVID-19 in the last 14 days**
- **Temperature 100 °F (38 °C) or higher**
- **Shortness of breath**

- **I have traveled outside of New York State or its contiguous states for a period of greater than 24 hours and have not received a negative COVID-19 test result on day 4 after my return**
- **New or worsening cough**
- **Sore Throat**

- **New or worsening body aches / muscle pain**
- **New loss of taste or sense of smell**
- **Fatigue / generally feel sick or unwell (malaise)**
- **New or worsening headache**
- **Nausea, Vomiting or Diarrhea**

IMPORTANT STEPS TO FOLLOW IF ANY OF THE ABOVE APPLIES TO YOU: <u>DO NOT come to work</u> and call your supervisor immediately. If you are at work already, notify your supervisor and leave immediately. Call your healthcare provider for COVID-19 testing and medical care, as well as follow-up with the <u>Health Information Line (HIL) at (631) 632-5000</u> (select OPTION 1). Diagnostic COVID-19 testing is currently available at the NYS Drive through Testing Site located at Stony Brook University, South P-Lot. Other test sites can be found at: <u>https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html</u>

IF NONE OF THE ABOVE APPLIES TO YOU: Remember to practice social distancing, good hand washing, or use of hand sanitizer frequently, and wear your facial covering. Should you develop fever or other symptoms while working, notify your supervisor at once, leave campus and notify your health provider. You are also required to contact the <u>Health Information Line at 631-632-5000</u>.

Thank you for completing this COVID-19 symptom screening.

TO ATTEST TO <u>COMPLETING THE ONLINE TRAINING AND DAILY SCREENING</u>, PLEASE TEAR OFF A TAB AND SUBMIT IT TO YOUR SUPERVISOR, DEPARTMENT HEAD OR PI <u>EACH DAY YOU REPORT TO WORK</u>

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE:							
TIME:							
YOUR NAME:							
SBID#							
DEPARTMENT:							