

## COVID-19 Employee Daily Check

CCE Association employees are required to follow CDC, NYS, and local health department orders, guidelines, and Association policies and procedures, including completing a daily check prior to performing work each day.

Please review the statements below, then indicate “YES” or “NO” as appropriate. **If you indicate “NO,” do not come into the workplace or leave the workplace immediately if you begin to experience symptoms or feel sick.** The Association will contact you to provide additional guidance and support. You may also contact your supervisor and/or local HR Representative to discuss possible remote work and/or time off options.

COVID-19 symptoms may include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.

- I have not knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19.
- I have not tested positive for COVID-19 in the past 14 days.
- I have not experienced any symptoms of COVID-19 in the past 14 days.
- I have not returned from out-of-state or international travel as defined by the NYS Department of Health within the past 14 days. Out-of-state travel does not include states contiguous with New York including: New Jersey, Connecticut, Pennsylvania, Massachusetts, or Vermont. *Refer to the NYS Travel Advisory website for current travel restrictions.*

YES, I can confirm the statements above.

NO, I cannot confirm the statements above and I will not be reporting to work.

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**Employee Printed Name**

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**Employee Signature**

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**Date**

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If this Employee Daily Check was taken verbally from the employee, who completed this form?

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**Screener Printed Name**

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**Screener Signature**

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**Date**