

## COVID-19 Visitor/Program Participant Daily Check

New York State requires Cornell Cooperative Extension Associations to screen visitors for signs of COVID-19. Delivery persons for deliveries that are performed with appropriate PPE or through contactless means are excluded from this process. All Association visitors are required to comply with daily check prior to entering Association locations.

Please review the statements below, then indicate "YES" or "NO" as appropriate. **If you indicate "NO," you may not enter the Association location or program. In addition, must leave the site or program immediately if you begin to experience symptoms or feel sick.**

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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**Visitor/Program Participant Printed Name**

**Phone/Contact email**

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**Visitor/Program Participant Signature  
(Guardian/Parent if visitor/participant under 18 years)**

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**Date**

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If this Visitor Daily Check was taken verbally from the visitor, who completed this form?

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**Screener Printed Name**

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**Screener Signature**

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**Date**