

COVID-19 Employee Health Questionnaire Upper NY Conference of The United Methodist Church

All employees (Conference office, District office, CRM site) scheduled to report to the office for work (or to stop in to pick anything up), are required by NYS to self-screen for symptoms of Covid-19 as a precautionary measure to reduce its spread. Responses to these questions are required to be submitted each day prior to arrival at the office and/or entering any Upper New York Annual Conference property.

An employee who answers NO to all the questions is eligible to come into the office that day.

An employee who answers YES to any of these questions should not report to work and should contact his or her immediate supervisor.

Time spent completing the health screening should be recorded as time worked for nonexempt employees.

HR is required to maintain documentation of our review of the completed health assessment data from each day, for contact tracing purposes. All data will be kept confidential.

Any employee who enters a UNY location and does not complete the screening that day will be sent home and be subject to disciplinary action up to and including termination of employment.

- 1). Have you been diagnosed with COVID-19 in the last 14 days? Yes No
- 2). Is there anyone in your household who is ill or has been diagnosed with COVID-19? Yes No
- 3). Have you been in contact with anyone who is ill, shown symptoms, or has been diagnosed with COVID-19? Yes No
- 4). Do you currently have a temperature above 100.4 F? Yes No
- 5). Are you experiencing any of the following: new cough, shortness of breath/difficulty breathing, sore throat, new muscle aches or headaches, gastrointestinal symptoms (i.e. diarrhea, vomiting, etc.), chills or repeated shaking with chills, or a new loss of taste or smell? Yes No
- 6). Have you or any member of your household traveled to a state on the NYS Travel Advisory list in the past 14 days? <https://coronavirus.health.ny.gov/covid-19-travel-advisory> Yes No
- 7). If you answered "Yes" above, please list the state and dates of travel (enter N/A if you answered No)

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- 8). Has someone from a state on the NYS Travel Advisory list stayed with you for longer than 24 hours in the last 14 days? <https://coronavirus.health.ny.gov/covid-19-travel-advisory> Yes No

- 9). If you answered "Yes" above, please list the state and date(s) of visit (enter N/A if you answered No)

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- 10). Enter your name and phone number below. This will serve as your acknowledgement that you have read the information above and that the answers you have provided are accurate to the best of your knowledge.
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