

COVID 19 OLL Visitor self assessment

You are required to complete this form upon each visit to OLL campus.

Name:_____

Phone:_____

Date:_____

1. Circle one

- I have reviewed the Covid -19 symptom check list and have no symptoms in the last 24 hours.
- I have reviewed the covid -19 symptom checklist and I am experiencing symptoms.

2. Have you been exposed or in contact with someone in the past 24 hrs. who had a positive test for covid-19?

- Yes
- No

3. In the past 24 hours have you traveled to an area identified by NYS as a mandatory quarantine state or country?

- Yes
- No