

**North Syracuse Central School District**  
**Employee / Visitor Required Screening Questionnaire**  
**COVID-19**

**If you are not feeling well today, due to COVID-19 symptoms, please leave this facility until you are symptom free.**

You must answer the following questions daily if you wish to remain in a NSCSD facility.

- (1) Have you had COVID-19 symptoms in the past 14 days, Yes or No (Circle Answer)
- (2) Have you been tested positive for COVID-19 in the past 14 days, Yes or No (Circle Answer)
- (3) Had close contact with confirmed or suspected COVID-19 case in the past 14 days Yes or No (Circle Answer)

**If you have answered “Yes” to any of the above questions, please leave this facility, contact your physician and if an employee, inform Human Resources of your status.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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