Dear Pearl River School District Visitor,

As we continue to navigate this global pandemic, Pearl River School District continues to review all communications from the Governor's Office, the Department of Health and the NYS Education Department in order to do our best to protect the health and safety of everyone within the school District

The Department of Health issued guidelines requiring that all visitors wishing to enter a school building must complete a health screening form. This will aid PRSD in maintaining a safe environment for visitors, students and staff.

VISITORS MUST COMPLETE THIS FORM <u>EACH TIME</u> THEY ENTER A PRSD BUILDING.

Visitor Name (please print): _____ **Visitor Phone #:** _____

Visitor Location: ☐ Evans Park ☐ Franklin Avenue ☐ Lincoln Avenue ☐ PRMS ☐ PRHS ☐ ADMIN

☐ **I understand the risks of the COVID-19 disease and recognize the importance of honesty when answering these questions.**

Please read the following six (6) questions and then check your answer:

1. Do you have a fever of greater than 100.0°F today?
2. Since your last day of work, or last visit here, have you had any of these symptoms?
   - Cough
   - FEVER (TEMPERATURE OF GREATER THAN 100.0°F IN THE LAST 10 DAYS)
   - Shortness of breath or difficulty breathing
   - Chills
   - Fatigue
   - Muscle or body aches
   - Congestion or runny nose
   - Headache
   - Sore throat
   - New loss of taste or smell
   - Nausea, vomiting or diarrhea

3. Have you had a positive COVID-19 test within the last 10 days?
4. Have you been in contact with a medical professional or NYS Tracer who has advised that you self-quarantine for COVID-19?
5. In the last 10 days, have you traveled outside the United States or U.S. territory?
6. In the last 10 DAYS, has you had close contact with someone with a confirmed or suspected case of COVID-19? (Note: Per RCDOH guidelines, close contact is within 6 ft. for more than 10 minutes over a 24-hour period.)

   Your answer to the above questions:

☐ **NO to ALL questions.**

☐ **YES to any one (or more) questions. YOU MAY NOT ENTER THE BUILDING.**

_____   _____
Visitor Signature   **Date**