

DAILY HEALTH SCREENING QUESTIONNAIRE FOR FACULTY AND STAFF

As we return to working on campus, we ask that each employee complete the following assessment on a daily basis, before reporting to work, in order to maintain the safety of the University community.

Step 1: Take your temperature.

If you register a temperature of 100.4°F (38°C) or higher, please immediately contact your health care provider or an urgent care facility and do not report to work until you are cleared by your medical provider to do so. Please also notify your supervisor immediately.

Step 2: Ask yourself the following questions:

1. Within the past 14 days, have you been in close contact with a person who was confirmed to have COVID-19?
2. Within the past 14 days, has anyone in your household, including yourself, been directed to self-isolate or quarantine for suspected COVID-19 exposure?
3. Have you or anyone in your household traveled outside of Central New York in the past 21 days?
4. Have you or anyone in your household traveled internationally in the past 21 days?
5. Have you or anyone in your household traveled on a cruise ship in the past 21 days?

IF THE ANSWER TO ANY OF THESE QUESTIONS IS “YES,” PLEASE CONTACT HR SHARED SERVICES (HRSERVICE@SYR.EDU) FOR INFORMATION ON HOW TO PROCEED BEFORE REPORTING TO WORK. ADDITIONALLY, PLEASE NOTIFY YOUR SUPERVISOR.

6. Are you currently experiencing, or have you experienced in the last 24 hours, any of the following symptoms (check all that apply)?
 - cough
 - shortness of breath or difficulty breathing

IF YOU HAVE EXPERIENCED ONE OR BOTH OF THE SYMPTOMS IN QUESTION 6, PLEASE CONTACT YOUR PHYSICIAN OR AN URGENT CARE FACILITY IMMEDIATELY AND DO NOT REPORT TO WORK UNTIL THEY HAVE CLEARED YOU TO DO SO. ADDITIONALLY, PLEASE NOTIFY YOUR SUPERVISOR.

7. Are you currently experiencing, or have you experienced in the last 24 hours, any of the following symptoms (check all that apply):
 - runny or stuffy nose
 - fever and/or chills
 - sore throat
 - muscle aches, body aches or headaches
 - new loss of taste or smell
 - nausea, vomiting or diarrhea

IF YOU HAVE EXPERIENCED TWO OR MORE OF THESE SYMPTOMS IN QUESTION 7, PLEASE CONTACT YOUR PHYSICIAN OR AN URGENT CARE FACILITY IMMEDIATELY AND DO NOT REPORT TO WORK UNTIL THEY HAVE CLEARED YOU TO DO SO. ADDITIONALLY, PLEASE NOTIFY YOUR SUPERVISOR.