

Miller Place Union Free School District

7 Memorial Drive, Miller Place, New York 11764-2036

Telephone: (631) 474-2700 Fax: (631) 474-9892

Employee Health Screening Questionnaire

I hereby acknowledge that if at any time during the school year I answer yes to any of the health screening questions below, I will contact my supervisor and I will not come to work.

	No	Yes
Have you had COVID-19 symptoms in the past 10 days (e.g. cough, sore throat, difficulty breathing)?		
Have you had close contact with anyone who has a confirmed or suspected COVID-19 case in the past 10 days? (<i>If you have met the mandatory Quarantine or Isolation period for this close contact or you have tested positive in the past 90 days or you are fully vaccinated, please select NO.</i>)		
Have you had a positive diagnostic COVID-19 test in the past 10 days?		