



**NYC Department of Investigation
Visitor COVID-19 Screening Tool**

Date: _____

DOI Staff/Unit You are Visiting: _____

First Name (Print): _____ **Last Name (Print):** _____

Phone Number: _____

Email Address: _____

1. Have you experienced any of the following symptoms of COVID-19 within the past 5 days:

- Fever of 100.0 F or greater or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- Loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

NO. Go to the next question.

YES, and my symptoms have resolved or if still with residual symptoms, they are all improving, I have received a negative result from a COVID-19 molecular test, I have been fever-free for the last 24 hours (without using fever-reducing medications), and I was not a close contact with another person who had COVID-19. Go to the next question.

YES, and my symptoms have resolved or if still with residual symptoms, they are all improving, and it's been 5 days since my symptoms began, and I have been fever-free for the last 24 hours (without using fever-reducing medications). Go to the next question.

YES, I have had a fever but I received a COVID-19 vaccine within 3 days prior to when my fever began, my fever lasted less than 24 hours, I have been fever-free for the last 24 hours (without using fever-reducing medications), and I have not had any of the other symptoms listed above. Go to the next question.

YES, I have had a fever but I received a COVID-19 vaccine within 3 days prior to when my fever began, my fever lasted less than 24 hours, I have been fever-free for the last 24 hours (without using fever-reducing medications), and I have received a negative result from a COVID-19 diagnostic test. Go to the next question.

YES, and I am not in the categories above. You may **NOT** visit this workplace at this time. Go to question #4 and select "No".

2. In the past 5 days (days measured from the day you were tested, not from the day when you got the test result), have you tested positive for COVID-19, either using a test that used a nose or throat swab, or tested saliva (i.e., not a blood test)?

NO. Go to the next question.

YES, and it has been 5 days since my symptoms began, I've been fever-free for the last 24 hours (without using fever-reducing medications), and other symptoms are improving. Go to the next question.

YES, but it has been 5 days since I tested positive and I am asymptomatic. Go to the next question.

YES, and I am not in the categories above. You may **NOT** visit this workplace at this time. Go to question #4 and select "No".

3. To the best of your knowledge, in the past 5 days, have you been in close contact (within 6 feet for at least 15 minutes over a 24-hour period) with anyone while they had COVID-19?

NO. Go to the next question.

YES, but I am fully vaccinated (it has been 2 or more weeks following receipt of my second dose in a 2-dose series or 2 or more weeks following receipt of one dose of a single-dose vaccine), and I have remained asymptomatic since my last COVID-19 exposure. Go to the next question.

YES, but I am asymptomatic, and my human resources department has confirmed, in writing, that my physical presence in the workplace is critical to operations or safety of the workplace and provided me with requirements for returning to work after my exposure. Go to the next question.

YES, and I am not in the categories above. You may **NOT** visit this workplace at this time. Go to question #4 and select "No".

4. I affirm that I will comply with the City's face covering policy.

The City's policy is that every City employee and visitor able to medically tolerate a face covering must wear a face covering that covers the individual's mouth and nose at all times (except when eating or drinking) while in a shared indoor City workspace.

A City employee or visitor conducting City business outside, who is able to medically tolerate a face covering, must wear a face covering at all times (except when eating and drinking) when interacting with members of the public.

YES. Go to question #5.

NO. You may **NOT** visit this workplace at this time. Please contact the party you are visiting via telephone or email and alternative communication options will be offered.

5. I hereby certify to the best of my knowledge the information presented above is true and accurate under penalty of law.

Signature: _____