TOWN OF ANCRAM
Employee and Visitor Questionnaire

EMPLOYEE/VISITOR NAME:
EMPLOYEE/VISITOR EMAIL ADDRESS:
EMPLOYEE/VISITOR PHONE NUMBER:
DATE: **TIME:**

1. Have you experienced any respiratory or other COVID-19 related symptoms (cough, fever, sore throat, muscle pain, chills, loss of taste/smell, shortness of breath, etc.) in the last 14 days? **YES** ☐ **NO** ☐

2. Have you experienced a fever over 100.4 in the last 48 hours? ☐ ☐

3. Have you tested positive for COVID-19 in the past 14 days? ☐ ☐

4. Have you been in close contact with anyone for a prolonged time, who has a confirmed or suspected COVID-19 case in the past 14 days? ☐ ☐

If in your opinion, you have answered "Yes" to Questions 1 or 2 as a result of a non-contagious, non-COVID related condition (like seasonal allergies), please ask the Screener to contact the Town Supervisor at 518-469-7768, so that a reasonable accommodation can be made.

If you have answered "Yes" to any of the questions above and your symptoms are not, in your opinion, a result of a non-contagious, non-covid-19 condition, you must self-quarantine for 14 days and it is recommended that you seek to be tested for covid-19 if you have not already been tested with a positive result. Please immediately contact the Town Supervisor at 518-469-7768 and the Columbia County Department of Health at (518) 828-3358, or the local County Health Department where you reside.