

*Horseheads Central School District*  
**Daily Screening Questionnaire for  
Staff, Visitors, Guests, Contractors and Vendors**

Prior to arrival to our schools, all staff, visitors, guests, contractors, and vendors must complete the following daily screening questionnaire. If you answer YES to any of the questions, do not report to the school/office. If you are a district staff member, contact your supervisor immediately. If you are not a staff member, please contact the school office you are planning to meet.

Thank you for your help in keeping Horseheads Central School District safe and healthy.

Name \_\_\_\_\_

Date \_\_\_\_\_

Have you tested positive through a diagnostic test for COVID-19 in the past 10 days? YES NO

Have you been in close or direct contact (within six feet for 10 minutes or more or in a distanced setting for an hour or more) in the past 10 days with anyone who has tested positive through a diagnostic test for COVID-19 AND you are not fully vaccinated for COVID-19? YES NO

Have you been in close or direct contact (within six feet for 10 minutes or more or in a distanced setting for an hour or more) in the past 10 days with anyone who has or had symptoms of COVID-19 AND you are not fully vaccinated for COVID-19? YES NO

Have you experienced any symptoms of COVID-19 in the last 10 days (with no other explanation)? YES NO

Is your temperature more than 100 degrees F? YES NO