Buffalo & Erie County Public LIBRARY

Pre-entry Questionnaire - COVID-19 Assessment

Name: _____

Date: _____

Have you been provided the Policy and Privacy Notice?

☐ Yes ☐ No

Temperature upon arrive at workplace below 100.4:

☐ Yes
☐ No Taken by: _____

In the past 10 days have you experienced:

Fever (100.4 or higher):
☐ Yes
☐ No

Fatigue:
☐ Yes
☐ No

Cough:
☐ Yes
☐ No

Sneezing:
☐ Yes
☐ No

Aches and pains:
☐ Yes
☐ No

Loss of taste or smell:
☐ Yes
☐ No

Runny or stuffy nose:
☐ Yes
☐ No

Sore throat:
☐ Yes
☐ No

Diarrhea:
☐ Yes
☐ No

Headaches:
☐ Yes
☐ No

Shortness of breath:
☐ Yes
☐ No

In the past 10 days have you:

Been in close contact with anyone who has tested positive for COVID-19?
☐ Yes
☐ No

If Yes: Have you been fully vaccinated (2 weeks after last dose)?
☐ Yes
☐ No

Traveled from another country for which New York requires a mandatory self-quarantine period?
☐ Yes
☐ No

☐ **By checking this box I certify that my answers are true and accurate.**

Inquiries into an employee's symptoms, even if disability-related, are considered justified by the EEOC as a "reasonable belief based on objective evidence that the severe form of pandemic influenza poses a direct threat." This document shall be maintained as a confidential medical record in compliance with the ADA.

Revised 4/1/2021