



**Vestal Central School District
COVID-19 Daily Screening Affidavit**

Staff

I agree and attest that I have and will review the health screening questions daily prior to coming to work and that I have answered the questions with a negative response indicating that none of the underlying issues (questions 1-5) are positive or have occurred prior to coming to work.

1. Was your daily temperature check over 100°F?
2. Are you or a member of your household awaiting COVID-19 test results due to symptomatic conditions? (*Disregard if you are fully vaccinated*)
3. Have you tested positive for COVID-19?
4. Have you experienced any symptoms, new or worsening and not related to a chronic health condition, that are consistent with symptoms of COVID-19?
5. Have you been designated a contact of a person who tested positive for COVID-19 by a local health department? (*Disregard if you are fully vaccinated*)

By signing below, I acknowledge that I have self-screened prior to coming to work and answered **NO** to **ALL** the questions above and have not misrepresented my health in any way to the Vestal Central School District.

I further understand that if the answer is **YES** to **any** of the questions above, I am NOT ALLOWED to report to or be on school grounds. I understand that I need to contact my direct supervisor or building principal and need to contact my health care provider immediately.

PRINT NAME

BUILDING / DEPARTMENT

SIGNATURE

DATE