

# THE HARVEY SCHOOL

## Harvey School Visitor Athletic Screening

Date: \_\_\_\_\_ Check-in Time: \_\_\_\_\_ Check-out Time: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

School or Company: \_\_\_\_\_

For Spectators, name of student you are associated with: \_\_\_\_\_

1. Have you tested positive for COVID-19 in the past 14 days? **YES / NO**
2. Have you experienced any recent or acute onset symptoms of COVID-19, including a temperature greater than 100F, in the past 14 days? **YES / NO**
3. Are you currently required to quarantine based on the results of any contact tracing process or know exposure to COVID-19? **YES / NO**
4. Have you followed all New York State testing and quarantine requirements regarding travel? **YES / NO**

All visitors will have their temperature taken **ON SITE** by a designated screener.

\*\*\*\*\* FOR OFFICIAL USE ONLY \*\*\*\*\*

**Screeners:**

**Name:**

**Signature**

**Date**

**Temp Check PASS / FAIL**

**COVID Screen: Pass / Fail**