



Trinity Assistance Corporation

Providing innovative services to People with Developmental and Intellectual Disabilities since 2003

COVID-19 QUESTIONNAIRE

Employee Name: _____ **Title:** _____ **Date:** _____

All employees reporting o their work sites and/or conducting visits should consistently and continuously self-evaluate their own health status by reviewing the below questions:

1. Have I traveled to a country for which the CDC has issued a Level 2 or 3 travel designation within the last 14 days? (China, Iran, South Korea, Europe (Schengen Area): Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City), United Kingdom and Ireland: England Scotland, Wales, Northern Ireland, Republic of Ireland.
 - Yes
 - No

2. Based upon Governor Cuomo's Executive Order 205, issued June 25, 2020, Have I traveled to the following states that meet the criteria for required quarantine: Alabama, Arkansas, Arizona, California, Delaware, Florida, Georgia, Iowa, Idaho, Kansas, Louisiana, Mississippi, North Carolina, Nevada, Oklahoma, South Carolina, Tennessee, Texas, Utah?
 - Yes
 - No

3. Have I had contact with any Persons Under Investigation (PUIs) for being exposed to COVID-19 within the last 14 days OR with anyone with confirmed COVID-19?
 - Yes
 - No

4. Do I have any symptoms of a respiratory infection (e.g.: cough, fever, trouble breathing, pneumonia)?
 - Yes
 - No



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If yes, Describe symptoms: _____

***If you answer “yes” to more than one of these questions, employee should reach out to their local department of health and direct supervisors as soon as possible for further guidance. If only question 4 is answered “yes”, employees should reach out to their direct supervisor for additional guidance. If employee have responded “no” to all four questions, they are required to continue to perform their normal duties and responsibilities.**

Employee Signature: _____

Reviewed by: _____ Title: _____