



## Trinity-Pawling School

# Health Screening and Contact Tracing Form

The State of New York requires that all attendees of Trinity-Pawling School's graduation complete this form.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you experienced any of the following symptoms in the past 48 hours:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Yes       No

In the past 14 days, have you been in close physical contact (within 6 feet) with someone who was diagnosed with COVID-19 or had symptoms consistent with COVID-19?

Yes       No

In the past 14 days, have you tested positive for COVID-19, or are you presumed positive for COVID-19 based on your healthcare provider's assessment of any symptoms or history of exposure?

Yes       No

Are you fully vaccinated?

Yes       No

Have you recovered from a documented COVID-19 infection in the last 3 months?

Yes       No