



**ONEIDA COUNTY
OFFICE OF THE DISTRICT ATTORNEY**

Michael A. Coluzza
Chief Assistant

Scott D. McNamara
District Attorney

Grant J. Garramone
Executive Administrative Assistant

CORONAVIRUS SCREEN FORM

NAME: _____

DATE: _____

TRAVEL HISTORY

1. In the past 30 days, have you traveled outside of the United States? ___ YES ___ NO

If so: When _____ Where _____

2. Does the subject report a history of traveling to or from Europe or Asia? ___ YES ___ NO

CONTACT HISTORY

3. In the past 30 days, have you had close contact with anyone known to have traveled to Europe or Asia? ___ YES ___ NO

4. Have you or anyone you've been in contact with had a laboratory confirmed Coronavirus? (The incubation period is 2-14 days.) ___ YES ___ NO

5. Do you have a fever, cough, shortness of breath, or other symptoms of a lower respiratory illness? ___ YES ___ NO

STAFF: _____

DATE: _____

Actions: _____