

# TRIBECA ROOFTOP AND TRIBECA 360 SCREENING PROTOCOL

\*All personnel must be screened upon entry.

Please answer YES or NO to the following questions

1. Have you recently felt feverish? DO you Currently have, or have you recently had a fever greater than 100.0 F (38 C)?	YES	NO
2. Do you have a sore throat?	YES	NO
3. Do you have a cough? (Not related to allergies or COPD)	YES	NO
4. Are you experiencing muscle pain?	YES	NO
5. Do you have a rash?	YES	NO
6. Are you experiencing shortness of breath?	YES	NO
7. Do you have nasal congestion? (not related to allergies or sinus infections?)	YES	NO
8. Have you been in close contact with ant person who may be sick with an influenza-like illness, Coronavirus, Ebola, Measles, MERS, SARS, or TB?	YES	NO
9. Have you or anyone close to you traveled outside of the U.S. within the past 30 days? If yes: Name of Country and When?	YES	NO
10. Have you traveled to any states currently on the Ny state travel Advisory.	YES	NO

## Personnel Information

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Screening Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

**Temperature (circle one):**                      **Pass**                      **Fail**