BannerWEB
NIAGARA COUNTY COMMUNITY COLLEGE

COVID-19 Screening Survey

To comply with NYS Standards all employees, students and visitors must complete the following questionnaire before entering campus each day.

* - Required

First Name*:

Last Name:*:

Date of Birth:*: mm/dd/yyyy

Phone Number (XXX-XXX-XXXX format)*: required

Have you experienced any of the following symptoms in the last 14 days?*

- 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

Have you tested positive for COVID-19 in the last 14 days?*

○Yes ○No

Have you had close or proximate contact with confirmed or suspected COVID-19 case in the past 14 days?*

○Yes ○No

Have you traveled outside of NYS within the last 14 days? (Go to https://coronavirus.health.ny.gov/covid-19-travel-advisory for current states on advisory)*

○Yes ○No

Clear Responses | Submit

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