

REMOTE TCVS Day Treatment Center- DAILY ASSESSMENT

This must be filled out each day that any person (staff member or student families) enters any of the buildings on the Clear View campus. Anyone unable or unwilling to do so will not be able to enter any building. Persons found to have entered a building without completing the assessment will be asked to leave and will be required to present a negative covid-19 test result before future building admission. (rev8)

Your email address will be recorded when you submit this form.

Not nsimpson@clearviewschool.org? [Switch account](#)

* Required

Name: *

Your answer

Date: *

Date

mm/dd/yyyy

Anticipated Location(s) at Clear View: *

Your answer

Temperature over 100 degrees Fahrenheit? *

Yes

No

Are you having any: *

- Fever or Chills
- Cough
- Sore throat
- Loss of taste
- Loss of smell
- Nausea or Vomiting
- Diarrhea
- Shortness of breath
- Fatigue
- Headache
- Congestion or runny nose
- None of the Above

Have you had any new or previously unreported close contact with a person diagnosed with COVID-19? *

- Yes
- No

Have you traveled out of the United States or the United States territories in the past 2 weeks? *

- Yes
- No

If you answered "Yes," have you complied with NYS reporting, testing, and quarantine requirements?

- Yes
- No

Are you currently waiting on the results of a COVID 19 test? *

- Yes
- No

Have you tested positive to COVID 19 in the past 14 days? *

- Yes
- No

If you have answered YES to any of the above questions, Staff are to contact your supervisor, Student Families are to contact their child's therapist, to obtain further direction (Please confirm reading of this statement below) *

I understand and have read this statement

Comments:

Your answer

Submit

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