

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@clearview.school.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) *

I understand and have read this statement

Comments:

Your answer

Page 1 of 1

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