



COVID-19 Screening Questions for
PEF Staff, Regional Coordinators, Statewide Officers and Visitors

Upon entering **any** PEF office, you must review and answer **NO** to all of the COVID Screening questions below. You **must** sign the log-book which confirms that you answered **NO** to all of the COVID Screening questions.

If you answered **YES** to any of the COVID Screening questions, please exit the building and call PEF Human Resources at 518-785-1900.

1. Have you experienced COVID-19 symptoms in the past 14 days?

Symptoms may include:

Fever or chills	New loss of taste or smell
Cough	Sore throat
Shortness of breath or difficulty breathing	Congestion or runny nose
Fatigue	Nausea or vomiting
Muscle or body aches	Diarrhea
Headache	

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

2. Have you tested positive for COVID-19 in the past 14 days?

3. Have you been in close contact with a confirmed or suspected COVID-19 case in past 14 days?

4. Do you have a temperature of 100.4 or above?