

New York State Division of Tax Appeals
COVID-19 Health Screening Report
Hearings

This form is to be completed by any individual, other than a Division of Tax Appeals (DTA) employee, who attends or participates in a DTA hearing, prior to entering the DTA hearing space.

Name: _____

Date: _____ Time: _____

- 1. Are you experiencing any symptoms consistent with COVID-19, including: new or worsening cough, shortness of breath, troubled breathing, muscle pain, headache, or sore throat; chills; new loss of taste or smell; fatigue; congestion or runny nose; nausea or vomiting; or diarrhea?

Yes: _____ No: _____

- 2. Have you had any known close contact with a person confirmed or suspected to have COVID-19 in the past 10 days?

Yes: _____ No: _____

Yes, but I am fully vaccinated or I have recovered from COVID-19 within the past 3 months and have not developed any symptoms following the close contact: _____

- 3. Have you tested positive for COVID-19 through a diagnostic test in the past 10 days?

Yes: _____ No: _____

If the answer to any question is "Yes," you cannot enter the DTA hearing space and you should immediately return home, remotely notify your employer, and contact a health care provider for medical advice and assistance, as well as to arrange testing for COVID-19.