

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. Is your temperature at or above 100.0 degrees Fahrenheit?

Yes: _____ No: _____

2. 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; or new loss of taste or smell?

Yes: _____ No: _____

3. Have you had any known close contact with a person confirmed or suspected to have COVID-19 in the past 14 days?

Yes: _____ No: _____

4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?

Yes: _____ No: _____

5. Have you traveled internationally, or to another state that is experiencing a significant spread of COVID-19, in the past 14 days? See: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>

Yes: _____ No: _____

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