WELCOME TO NEW YORK STATE

NEW YORK STATE TRAVELER HEALTH FORM rev. 7/13/20

(One form per adult required. Minor children can be included with one adult.)

In response to increased rates of COVID-19 transmission in certain states within the United States, and to protect New York’s successful containment of COVID-19, the State has issued a travel advisory for anyone entering New York from a state that has a significant degree of community-wide spread of COVID-19.

If you have traveled from within one of the designated states with significant community spread, you must undertake a precautionary quarantine when you enter New York for 14 days from the last day you were in a designated state. This does not apply to any individual passing through a designated state for a limited duration (i.e. less than 24 hours) through the course of travel, or essential workers as outlined below.

For a list of states that meet the criteria for required quarantine due to significant community transmission, visit https://ny.gov/states

This is based upon a seven-day rolling average, of positive tests in excess of 10%, or number of positive cases exceeding 10 per 100,000 residents.

Upon entering New York, if you are a traveler and do not have a suitable dwelling for your 14-day quarantine period, you must find appropriate accommodations at your own cost. If you are a NYS resident returning from travel and do not have appropriate accommodations for quarantine, please call your local health department: www.health.ny.gov/contact/contact_information/.

For guidance on how to quarantine safely, visit: https://ny.gov/traveladvisory

Please complete the following questions:

Last (family) name: ______________________________ First (given) name: ______________________

Birth date: _____/_____/______ (Month/Day/Year) Gender: □ Male □ Female □ Non-Binary

<table>
<thead>
<tr>
<th>Children – First Name and Last Name</th>
<th>Birth date (Month/Day/Year)</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Telephone number: (_______) _______ - ____________ Mobile? □ Yes □ No

Alternate telephone number: (_______) _______ - ____________ Mobile? □ Yes □ No

E-mail address: _____________________________________________

Date of arrival to NYS: _____/_____/______ (Month/Day/Year)

Primary state of residence: □ NYS □ Other (specify): ___________________________

IN THE LAST 14 DAYS HAVE YOU BEEN IN ONE OF THE STATES DESIGNATED AS HAVING SIGNIFICANT COMMUNITY SPREAD? □ Yes-for more than 24 hours □ Yes-for 24 hours or less □ No

List state: ____________________________________________ Last date in state: _____/_____/______ (Month/Day/Year)

Additional state(s): ____________________________________ Last date(s) in state: _____/_____/______ (Month/Day/Year)

Final destination Address: __________________________________________________________________

Hotel Name: ______________________________________

City: __________________________________________ State: ______ Zip: ____________

County: __________________________________________
How did you travel into New York? (select all that apply)

- Private vehicle
- Public Transport
- Train
- Airplane
- Ship
- Bus

Arrival Airport: ____________________  Airline: ____________________  Flight #: __________  Seat #: __________

For New York residents, is final destination listed your primary residence?  □ Yes  □ No
If New York is not your residence and you are visiting, duration of stay: _______________

Do you consent to receive daily monitoring messages via text from the New York State Contact Tracing Program? (If you do not consent to text, you will receive a daily phone call instead.)  □ Yes  □ No

What is your primary language?  □ English  □ Other (please specify): ____________________

TODAY OR IN THE PAST 24 HOURS, HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?

- Fever (100.4° F / 38° C or higher), felt feverish, or had chills?  □ Yes  □ No
- Cough? (new or worsening)?  □ Yes  □ No
- Difficulty breathing? (new or worsening)?  □ Yes  □ No

IF YOU ARE AN ESSENTIAL WORKER, AND WHEN IN NYS WILL PERFORM ESSENTIAL WORK, PLEASE FILL OUT THE SECTION BELOW

Are you a resident and essential worker in New York?  □ Yes  □ No
If no, are you an essential worker traveling to New York to perform essential work?
If yes (select one):

- □ Yes  □ No  **Short-term essential worker** traveling to New York for a period of less than 12 hours?  
  *(such as an essential worker passing through New York, delivering goods, awaiting flight layovers, and other short duration activities)*

- □ Yes  □ No  **Medium-term essential worker** travelling to New York for a period of 36 hours or less?  
  *(such as an essential worker delivering multiple goods in New York, awaiting longer flight layover, and other medium duration activities)*

- □ Yes  □ No  **Long-term essential worker** travelling to New York for a period of greater than 36 hours requiring a stay of several days?  
  *(such as an essential worker working on longer projects, fulfilling extended employment obligations, and other longer duration activities)*

If you are not an essential worker but have extraordinary circumstances and you believe you should be exempt from these requirements, please contact the NYS COVID-19 Hotline at 1-888-364-3065.

**ATTESTATION**

I hereby attest, under penalty of law, that all information that I have provided is true and accurate to the best of my knowledge.

__________________________________________________________               ______________________
Signature                                                                             Date