CITY OF KINGSTON

Civil Service Office

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Jackie DeCicco, Executive Secretary

Robin Kimble, Senior Account Clerk
Elizabeth Johnson, Benefits Account Clerk

HEALTH SCREENING QUESTIONNAIRE

NAME: _____ EXAMINATION TEST SITE: _____

ADDRESS: _____ CITY _____

Please answer the following questions:

1. Have you been infected with the virus in the past 14 days? Yes □ No □
2. Have you had a fever in the past 14 days? Yes □ No □
3. Has anyone in your home had the virus within the past 14 days? Yes □ No □
4. Have you traveled anywhere considered to be a COVID-19 hotspot in the last 14 days? Yes □ No □

   If yes, please indicate the state you visited: _____

   Date you were last in that state: _____
5. Have you had a cough in the past 14 days? Yes □ No □
6. Have you had a runny nose in the past 14 days? Yes □ No □
7. Had you lost the ability to taste in the past 14 days? Yes □ No □
8. Have you had any flu like symptoms in the past 14 days? Yes □ No □

If you answer "yes" to any of the above questions you will not be allowed to enter the building or take the exam today. You will be instructed to leave the premises and to contact the Civil Service Office on Tuesday to reschedule your exam.*

**Monday is a holiday for the City of Kingston and offices are closed.*