

Office of Renewable Energy Siting (ORES) Public Hearings Health Assessment Screening

Please complete, sign, and date the health assessment screening form on the same day of the hearing you plan to attend. You are encouraged to complete the form ahead of time and bring a printed copy with you to the hearing.

When you arrive at the hearing facility, a member of the state agency staff will take your temperature using a touchless thermometer. Any individual with a temperature of 100.4 degrees Fahrenheit or higher will not be permitted to enter the hearing room.

Please remember to practice social distancing, thorough hand washing, use of hand sanitizer, and wear your facial covering at all times while at the hearing facility.

Contacts

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

Yes

No

Note: Close contact does not include individuals who work in a health care setting wearing appropriate, required personal protective equipment.

Symptoms

Are you currently experiencing ANY of the following symptoms?

- Cough (new or worsening)
- Shortness of Breath (new or worsening)
- Troubled Breathing (new or worsening)
- Fever
- Chills
- Muscle Pain (new or worsening)
- Headache (new or worsening)
- Sore Throat (new or worsening)
- New Loss of Taste
- New Loss of Smell

Yes

No

Note: A few of the above symptoms may occur with pre-existing medical conditions, such as allergies or migraines. You should only answer "Yes" if your symptoms are new or worsening.



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Renewable
Energy Siting**

STATE OF NEW YORK
OFFICE OF RENEWABLE ENERGY SITING

ANDREW M. CUOMO
GOVERNOR

Positive Test Results

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

Yes

No

Travel

Have you traveled within a state or country, which is currently on the travel advisory list, for longer than 24 hours within the past 14 days and have not tested out of the mandatory quarantine requirement?

Yes

No

Note: For a list of states and countries currently under New York's travel advisory requiring a 14-day quarantine upon return, please visit: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>.

Beginning November 4, [travelers may test out of the 14-day quarantine if they:](#)

- Obtain a test within 3 days of departure from another state (except for contiguous states, which are exempt)
- Quarantine for 3 days upon arrival in New York
- On day 4 of the traveler's quarantine, the traveler must obtain a second COVID test; if both tests come back negative, the traveler may exit quarantine early upon receipt of the second negative diagnostic test

The State requires a mandatory quarantine for any individual entering New York from a Level 2 or Level 3 country as designated by the CDC at: <https://wwwnc.cdc.gov/travel/notices>.

Contact Tracing

Please provide accurate contact information in case we need to initiate contact tracing. We will retain this information for 14 days following the hearing and then dispose of it in a secure manner.

First and Last Name: _____

Phone Number: _____

Email Address: _____

Street Address: _____

City, State, Zip: _____



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I attest that to the best of my knowledge I have completed this form accurately.

Print Name: _____

Signature: _____

Date: _____



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