

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

Children – First Name and Last Name	Birth date (Month/Day/Year)	Gender
1.		
2.		
3.		
4.		

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: _____



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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



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