

NEW YORK STATE TRAVELER HEALTH FORM rev. 9/28/20

(One form per adult required. Children or other dependents traveling with you can be included with one adult.)

In response to increased rates of COVID-19 transmission in certain states within the United States and countries outside the United States, and to protect New York State's (NYS) successful containment of COVID-19, NYS has issued a travel advisory for anyone entering NYS from a state that has a significant degree of community-wide spread of COVID-19 or traveled internationally from a country designated under a CDC level 2 (moderate risk) or 3 (high-risk) COVID-19 travel health notice.

If you are entering NYS and have traveled from within one of the designated states or countries, you must quarantine for 14 days from the last day you were in a designated state or country. This does not apply to any individual passing through a designated state or country for a limited duration (i.e. less than 24 hours) through the course of travel, or essential workers as outlined below. For an international traveler the quarantine is required irrespective of essential worker status.

Designated states are determined using a seven-day rolling average of positive tests in excess of 10%, or number of positive cases exceeding 10 per 100,000 residents for states within the United States. For a list of states that meet the criteria for required quarantine due to significant community transmission, visit <https://ny.gov/states>. For a list of countries designated under a CDC level 2 or 3 COVID-19 travel health notice, visit <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>.

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 traveling with you – 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 OR COUNTRIES DESIGNATED AS HAVING SIGNIFICANT COMMUNITY SPREAD OF COVID-19?

Yes-for more than 24 hours Yes-for 24 hours or less No

List state/country: _____ Last date in state/country: ____/____/____ (Month/Day/Year)

Other state/country(s): _____ Last date(s) in state/country: ____/____/____ (Month/Day/Year)

Destination Address in New York State: _____



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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 NYS 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** traveling 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** traveling 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)?

Did you travel from a Level 2 or Level 3 COVID-19 Health Notice Country? If so, your essential worker status will not alter your obligation to quarantine. If you believe extraordinary circumstances apply, then please contact the NYS COVID-19 Hotline at 1-888-364-3065.

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



**Department
of Health**