

**Exhibit B**

# WELCOME TO NEW YORK STATE NEW YORK STATE TRAVELER HEALTH FORM

(One form per person/family required)

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: [www.coronavirus.health.ny.gov/covid-19-travel-advisory](http://www.coronavirus.health.ny.gov/covid-19-travel-advisory). 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/](http://www.health.ny.gov/contact/contact_information/).

Please see attached guidance document on how to quarantine safely:  
[https://coronavirus.health.ny.gov/system/files/documents/2020/03/quarantine\\_guidance.pdf](https://coronavirus.health.ny.gov/system/files/documents/2020/03/quarantine_guidance.pdf)

**Please complete the following questions:**

Last (family) name: \_\_\_\_\_ First (given) name: \_\_\_\_\_

Primary state of residence:  NYS  Other (specify): \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Gender:  Male  Female  Non Binary

Date of arrival to NYS: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

**IN THE LAST 14 DAYS HAVE YOU BEEN IN ONE OF THE STATES DESIGNATED AS HAVING SIGNIFICANT COMMUNITY SPREAD?**

Yes  No

List state: \_\_\_\_\_ Last date in state: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Additional state(s): \_\_\_\_\_ Last date(s) in state: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

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

Private vehicle  Public  Train  Air Travel  Ship

If Air Travel: Airline: \_\_\_\_\_ Flight number: \_\_\_\_\_ Seat Number \_\_\_\_\_

Final destination: Address: \_\_\_\_\_

Hotel Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Department of Health

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: \_\_\_\_\_

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Mobile?  Yes  No

Alternate telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Mobile?  Yes  No

E-mail address: \_\_\_\_\_

Do you consent to using the New York State Department of Health text messaging system?  Yes  No

**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 less than 36 hours?  
*(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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