

NEW YORK STATE TRAVELER HEALTH FORM rev. 11/4/20

(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 the United States and other countries, 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 non-bordering state or traveled internationally from a country designated under a CDC level 2 (moderate risk) or 3 (high-risk) COVID-19 travel health notice.

All travelers coming to NYS from areas beyond the border states (NJ, CT, PA, MA, VT) must fill out this paper form (or online at: <https://coronavirus.health.ny.gov/covid-19-travel-advisory#traveler-health-form>). Travelers must quarantine for 14 days from the last day in a non-border state or another country, unless the traveler meets certain criteria. See reverse for additional details.

First (given) name: _____ Last (family) name: _____

Birth date: ____/____/____ (Month/Day/Year) Gender: ___Male ___Female ___Non-Binary

Children/Dependents traveling with you – First 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: _____

Primary state of residence: ___NYS ___Other (specify): _____

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

IN THE LAST 14 DAYS HAVE YOU BEEN IN A STATE (not bordering NYS) OR COUNTRY (designated under a CDC level 2 (moderate risk) or 3 (high-risk) COVID-19 travel health notice)?

___ 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: _____

City: _____ State: _____ Zip: _____

County: _____ Hotel Name (if applicable): _____

For New York State residents, is destination address your primary residence? ___Yes ___No

For non-New York State residents, duration of visit in NYS: _____

Did you take a COVID-19 test within at most 72 hours prior to arriving in NYS?

___ No

___ Yes - You are acknowledging the Department of Health reserves the right to request a copy of the test result.

If you are unable to provide, you will be required to quarantine for 14 days and may face a fine. You also must take a COVID-19 test on day 4 after arrival to NYS and quarantine until that second test result is negative.

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

___Private vehicle ___Public Transport ___Train ___Airplane ___Ship ___Bus

Arrival Airport: _____ Airline: _____ Flight #: _____ Seat #: _____

TODAY OR IN THE PAST 24 HOURS, HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?



Department
of Health

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

You will be called by a representative of the New York State Contact Tracing Program. Do you consent to receive messages via text? (If you do not consent to text, you will be called to clarify any information needed.) Yes No

What is your primary language? English Other (please specify): _____

ESSENTIAL WORKERS Are you a NYS resident and essential worker in NYS? Yes No

Are you visiting to perform essential work in NYS? Yes No

If yes, are you a (select one):

- Short-term essential worker traveling to New York State for a period of less than 12 hours? (such as an essential worker passing through NYS, delivering goods, awaiting flight layovers, and other short duration activities)
- Medium-term essential worker traveling to New York State for a period of 36 hours or less? (such as an essential worker delivering multiple goods in NYS, awaiting longer flight layover, and other medium duration activities)
- Long-term essential worker traveling to New York State for a period of greater than 36 hours? (such as an essential worker working on longer projects, fulfilling extended employment obligations, and other longer duration activities)

EXEMPTIONS

All New Yorkers, as well as those visiting from out of state, are required to comply with all COVID-19 safety measures including wearing face coverings, social distancing and avoiding group gatherings and vulnerable populations in the best interest of public health.

- Travelers from border states (NJ, CT, PA, MA, VT) are not required to quarantine or test. However, non-essential travel is discouraged.
- Essential workers from other states and countries are not required to quarantine. However, NYS essential workers and long-term essential workers are required to get tested 4 days after their arrival to NYS.
- Travelers passing through another state or country for less than 24 hours, other than in the course of travel, are not required to quarantine. However, the traveler must take a COVID-19 test 4 days after their arrival in New York State.
- Travelers who had a COVID-19 test prior to coming to NYS must take a second COVID-19 test on day 4 after arrival, and are required to quarantine for a minimum of 3 days upon arrival, and are no longer required to quarantine upon receiving a negative result from the second test (the test taken in New York).
- All other travelers are required to quarantine for 14 days if they do not test prior to departure and on day 4 after arrival.

If you believe extraordinary circumstances apply and you should be exempt from any of these requirements, please contact the NYS COVID-19 Hotline at 1-888-364-3065.

ADDITIONAL INFORMATION

- For additional information regarding the NYS Travel Advisory visit: <https://ny.gov/traveladvisory>
- 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-notices.html>
- Upon entering New York State, 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/

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

