

NEW YORK STATE TRAVELER HEALTH FORM rev. 4/1/21

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

All individuals coming into New York from either a non-contiguous state or US territory, or any other country, whether or not such person is a New York resident, are required to complete the traveler health form upon entering New York. States contiguous to New York are NJ, CT, PA, MA, and VT.

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

Primary state of residence: NYS Other (specify): _____

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

IN THE LAST 10 DAYS HAVE YOU BEEN IN A STATE (not bordering NYS), US Territory, OR ANOTHER COUNTRY?

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: _____

For New York residents, is final destination listed your primary residence? Yes No

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

How did you travel into New York? (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?

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): _____



Department
of Health

VACCINATION STATUS

1. Have you had all of the required dose(s) of your vaccine Yes No
(2 doses for Moderna and Pfizer, 1 dose for Janssen/Johnson & Johnson)
2. Date of final dose: ____ / ____ / ____ (Month/Day/Year)

RECOVERED FROM CONFIRMED COVID-19 ILLNESS

1. Have you previously been diagnosed as having COVID-19? Yes No
2. If you had symptoms, date symptoms began: ____ / ____ / ____ (Month/Day/Year)
3. If you did not have symptoms, date of first positive diagnostic test: ____ / ____ / ____ (Month/Day/Year)

QUARNATINE REQUIREMENTS AND RECOMMENDATIONS

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.

- **Domestic Travelers:** Asymptomatic domestic travelers arriving in New York State from other U.S. states and territories **are not required** to test or quarantine. Domestic travelers **do not need to quarantine if they are fully vaccinated or have recovered from laboratory confirmed COVID-19 within the previous 3 months**. However, while not required, quarantine is **still recommended** for all other asymptomatic domestic travelers for either 7 days with a test 3-5 days after travel or 10 days without a test.
- **Symptomatic domestic travelers must self-isolate immediately** and contact their health care provider or local health authority to determine if they should seek testing.
- **International Travelers:** Per CDC, all international travelers must quarantine for either 7 days with a test 3-5 days after travel, or quarantine for the full 10 days without a test. This requirement applies to all international travelers whether they were tested before boarding, are recovered from a previous COVID infection, or are fully vaccinated.
- Travelers from border states (NJ, CT, PA, MA, VT) are not required to quarantine. Non-essential travel is discouraged.
- All travelers, both domestic and international, must continue to monitor symptoms through day 14. If any symptoms develop, travelers should immediately self-isolate and contact their health care provider or local health authority to report this change and determine if they should seek testing.
- NYS does not grant exemptions from the travel advisory for international travel. For more information, international travelers should consult the [CDC website](https://www.cdc.gov).
- CDC provides limited exemptions for flight crews.

ADDITIONAL INFORMATION

- For additional information regarding the NYS Travel Advisory visit: <https://ny.gov/traveladvisory>
- Upon entering New York State, if you are a traveler and do not have a suitable dwelling for your 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