

Daily Screening Instructions

COVID Daily Screening Instructions

To complete the required daily screening please follow the instructions below:

Step One:

Navigate to <http://groton.cayugahealth.com>. The system will prompt you to enter your email.

Please enter your email below to proceed.

Email
Your email here...

A verification code will be sent to your email, you will need to enter this code to access the screening form.

A code was sent to your email. Please input the code below.

Code
531459

Didn't get your code after a few minutes? Try resending below.

NOTE: You will only need to enter a code the first time you sign in, after the first time you use the screening system you will get a daily reminder email with a link sent in the body of the email. This link will be unique to you and therefore you will not need to enter a verification code. **Do not share this link with others.**

Daily email with link to the screening:

Dear

Before going to campus for the day you are **required** to complete the daily health screening. You can access the system using the link below:

[Daily Health Screening](#)



Do not share this link, it is unique to you.

Thank you,

Cayuga Health

Step Two:

Once you have entered the daily health screening website, you are required to answer a series of questions. It is important that you carefully and honestly answer each of the questions as they appear on the screen.

Screening Form

The Daily Check must be completed by everyone who plans to be present on-site.

Previously Diagnosed?

Have you been diagnosed/ tested positive for COVID-19 within the past 14 days?

Yes No

Symptoms

Have you experienced any symptoms of COVID-19 within the past 14 days?

Yes No

*COVID-19 symptoms include: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell, and (less commonly) nausea, vomiting or diarrhea. Fever is considered to be over 100 F/ 38 C

Temperature

What is your latest temperature? (F)

If you are unable to take your temperature at home, enter 0

Recent Contact

Have you had recent contact with anyone who has had symptoms, tested positive for, or been diagnosed with COVID-19?

Yes No

*Close contact is defined as being closer than 6 feet for more than 10 minutes.

Recent Exposure

According to a health department advisory or recommendation, have you come in contact with a COVID-19 positive patient?

Yes No

Recent Travel

Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the [New York State Travel Advisory](#) in the past 14 days?

Yes No

I'm not a robot *

NOTE: If you are experiencing any of these symptoms even if they are mild, answer yes.

If you are unable to take your temperature at home, enter 0

You will be taken to a consent form, you will need to click the consent box and type in your name before clicking the next button.

Acknowledgement, Consent, & Release

Acknowledgement & Consent

I hereby authorize Cayuga Health System and its affiliates, including Cayuga Medical Center and Cayuga Medical Associates, to examine, diagnose, and assess my health conditions, and to provide services to effectively treat me. I understand that health information about me may be shared for treatment of my condition, payment for services provided, and normal business operations. For these purposes, we may disclose your information to other healthcare providers including: pathologists, radiologist, and emergency physicians. I acknowledge and agree that this applies to all visits at Cayuga Health System and its affiliates, including Cayuga Medical Center and Cayuga Medical Associates. I acknowledge that I have been offered the HIPAA Notice of Privacy Practices and that I am duly authorized to provide acknowledgement of receipt. Notice of Privacy Practices are available [here](#) and [here](#). I acknowledge that I have read and understand the above information.

Release of Information

I hereby authorize Cayuga Health System and its affiliates, including Cayuga Medical Center and Cayuga Medical Associates to release copies of all of my COVID-19 testing records and demographic information to the organization or school identified at the beginning of this registration. Unless it is revoked, this authorization will remain in effect for so long as the disaster emergency in New York State declared on March 7, 2020 remains in effect. I understand I may revoke this authorization at any time by presenting written revocation to the Health Information Management Department of Cayuga Medical Center. Revocation will not apply to information already released in response to this authorization. I understand that any release of information carries with it the potential for re-disclosure by the recipient and may not be protected by the federal privacy rules. Cayuga Medical Center and Cayuga Medical Associates will not condition treatment, payment, or eligibility of benefits on completion of an authorization. You may request a copy of this authorization.

I consent to signing this document electronically *

Please enter your name below to sign *

Signature of patient / patient representative

If patient representative, relationship to patient

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NEXT

The next screen will prompt you to select a date and time for your telehealth appointment. It's advised that you select the next available appointment.

Showing schedule for COVID Telehealth Consult (DEV)

Pick a date and time Change selection ▼

Duration: 15 minutes
This is a virtual meeting. The details will be sent to you.

August 2020 < | >

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

< July
September >

Available starting times for **Tue, Aug 25, 2020**

AM	PM
7:00 AM	12:00 PM
7:15 AM	12:15 PM
7:30 AM	12:30 PM
7:45 AM	12:45 PM
8:00 AM	1:00 PM
8:15 AM	1:15 PM
8:30 AM	1:30 PM
8:45 AM	1:45 PM
9:00 AM	2:00 PM
9:15 AM	2:15 PM
9:30 AM	2:30 PM
9:45 AM	2:45 PM
10:00 AM	3:00 PM
10:15 AM	3:15 PM

BACK

 SUBMIT FORM

Once you select your appointment time and complete booking your appointment, you will be given a confirmation number.

Thank You

Your registration is complete.

Your registration for a COVID-19 telehealth consult is complete. You should receive an email confirmation with your scheduled date and time.

Please save the following Registration ID for tracking purposes:

80276

You will also be sent an email confirmation message. This email contains the details of your appointment, including the Zoom link for your appointment. Click this link 5 minutes before your scheduled appointment begins. You may have to wait for the Provider to join the Zoom meeting.

Your booking is confirmed

Dear

Your booking is confirmed. See below for more information. If the event is not already in your calendar, please use the calendar links provided below to add it.



Booking details

Event type

COVID Test

Time

Mon, Aug 24, 2020, 04:30 PM - 04:45 PM

United States; Eastern time (GMT-4:00) [DST]

[Cancel/Reschedule](#)

Conferencing information

When it's time, join the meeting from PC, Mac, Linux, iOS or Android:

<https://link.zixcentral.com/u/daf37c76/3Jote0Tm6hGC5Zwfh3soMg?u=https%3A%2F%2Fzoom.us%2Fj%2F99082636803%3Fpwd%3DYnhEWDBtUJA4endTT0lvRDBnaTBTZz09>

Passcode: CQs7Ip*o1x

The Cayuga Health Provider will advise on next steps during your visit. Based on the Provider's evaluation, you may be cleared to return to campus or they may be directed to COVID-19 testing.