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### Frequently Asked Questions

#### Mandatory Traveler Health Form Completion at Hotels and Other Places of Lodging

#### **Why did the Mayor sign Emergency Executive Order 141 (“EEO 141”)?**

To ensure travelers understand and comply with New York State’s travel restrictions, including their obligation to fill out the Traveler Health Form.

#### **Who is required to fill out the Traveler Health Form?**

New York State law requires a person to [complete the Traveler Health Form](#) upon their arrival in New York State if they are:

- **Traveling here from any state or territory that is on [New York’s Restricted State List](#), AND**
- **Spending more than 24 hours in that restricted state.**

**Are New York City residents exempt from filling out the Traveler Health Form if they are coming from a state on the restricted list?**  
No.

#### **What does EEO 141 require?**

EEO 141 requires hotels, motels, inns, and other short-term rentals to confirm that guests who are arriving from states listed on [New York’s Restricted State List](#) complete the Traveler Health Form, as ordered by the State Department of Health.

#### **How should hotels confirm that travelers have filled out the form?**

At the time of their guest(s) arrival, hotels are required to ask guests to provide proof of a completed Traveler Health Form, or have the guests complete the form if they have not done so prior to arrival.

#### **How do guests prove that they have filled out the Traveler Health Form?**

A screenshot of a completed form on the guest’s cellular phone or laptop is sufficient.

#### **What if the guest does not have proof?**

The guest(s) must fill out the Traveler Health Form again.

#### **What if the guest refuses to provide proof?**

The guest will not be allowed to access to their room.

**Any other tips for hotels to help travelers understand their obligation to fill out the Traveler Health Form?**

Upon confirming a guest’s reservation, hotels and other places of lodging should email guests a link to the [Traveler Health Form](#) and remind them that all guests that have spent time in a restricted state within two weeks of their arrival into NYC must fill out the form.

**I own a vacation rental in New York City, does this apply to me?**

Yes, this applies to any short-term rental.

**Is there a way to complete the form without internet access?**

While we recommend that all guests fill out the form [online](#), you may print out copies of the Traveler Health Form, attached to this FAQ, or request a copy of the paper form by emailing:

[NYSTravelerHealthForm@nychhc.org](mailto:NYSTravelerHealthForm@nychhc.org)

If the hotel does not have the ability to allow travelers to [complete the Traveler Health Form](#) online, then the hotel may:

- Scan the paper forms and send them via secure, encrypted email to:  
[NYSTravelerHealthForm@nychhc.org](mailto:NYSTravelerHealthForm@nychhc.org)
  - If you need help, email the address above to request a link to upload the forms securely.
- If the hotel does not have the ability to send a secure email, we recommend mailing the forms to the address below:

NYC Health + Hospitals  
55 Water Street  
Concourse Level, Mail Room  
New York, NY 10041  
ATTN: TRAVEL HEALTH FORM

We recommend that the hotels collect and send the paper forms daily.

**I am supposed to fill out the form. What happens if I fail to do so?**

We expect that everyone will cooperate in the interest of public health and slowing the spread of COVID-19. Pursuant to State law, individuals who fail to register and/or quarantine may be subject to significant fines.

**Does the Traveler Health Form ask anything about immigration status?**

No.

**Who will be enforcing this order?**

The New York City Sheriff’s Office or other City officials may visit hotels and other places of lodging to educate them and check whether they are providing guests every opportunity to complete the Traveler Health Form in compliance with State law.

**What are some helpful resources?**

- [FAQs Re: Quarantine Restrictions on Travelers Arriving in NYS Following Out of State Travel](#)
- [NYS COVID-19 Travel Advisory](#)
- [Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel](#)

# WELCOME TO NEW YORK STATE

## NEW YORK STATE TRAVELER HEALTH FORM rev. 7/13/20

(One form per adult required. Minor children can be included with one adult.)

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, visit <https://ny.gov/states>

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/).

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 – 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 DESIGNATED AS HAVING SIGNIFICANT COMMUNITY SPREAD? Yes-for more than 24 hours Yes-for 24 hours or less No

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

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

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

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

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

County: \_\_\_\_\_



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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 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 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** 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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