

SUNY Geneseo Health Screening and Attestation

Welcome back to SUNY Geneseo! We are asking for your support to help maintain the health and safety of our community by completing this screening questionnaire.

We need to know where you have travelled and from where you will be departing to arrive at SUNY Geneseo. Note that individuals traveling to New York State from the states designated as restricted on New York State travel advisory need to quarantine for 14 days upon arrival in New York state. If your state is removed from the travel advisory list, you may abide by the seven-day quarantine protocol.

We also need to know whether you have had any COVID-19 testing, or experienced any symptoms over the past 14 days. Symptoms may appear 2-14 days after exposure to the virus. The questionnaire below is based on the current symptom list published by the CDC and was developed in consultation with medical experts.

You are required to return this questionnaire in order to return to the SUNY Geneseo campus. It is important that you familiarize yourself with the requirements and conditions below but do not fill out this form prior to the day you are submitting it.

- If you are a Residential student, you are required to submit it to College staff on your move-in day at check-in.
- If you are an off-campus student who is attending class in person or coming onto College property for any other reason, you must drop the form off in the drop box at the main entrance to the Health and Counseling Center by August 31, 2020. More instruction will be provided once we receive the completed questionnaire.

Section A: Travel History

1. Are you coming from, or have you traveled in the past 14 days to, a country outside the U.S.?

No

Yes, name the country/countries:

2. Are you coming from, or have you traveled in the past 14 days to, one or more of the states designated as restricted on today's New York State travel advisory? [[Here is the most current list](#)]

No, I am not coming from, nor have I travelled to, any of the currently restricted states in the past 14 days.

Yes, I am coming from, or have travelled to the following restricted states in the past 14 days. Note the requirements of the travel advisory do not apply to individuals passing through designated states for less than 24 hours.

DO NOT FILL OUT THIS FORM PRIOR TO THE DAY YOU ARE SUBMITTING IT

Section B: Testing

1. Were you tested within the last 14 days for COVID-19?

- No, because:
 - I am a student participating in quarantine on campus.
 - I am self-quarantining because I am a student coming from a New York State Travel Advisory State or a location outside the United States
- No, because of any other reason.
 - You may not return to campus.

- Yes, I had a swab of my nose or throat, and it came back negative.

- Yes, I had a swab of my nose or throat, and it came back positive.
 - Do you have permission from your local county health department to return to school?
 - Yes. You should be allowed to be back to campus. The campus may request further information if needed.
 - No. You may not return to campus. *

- Yes, but I have not received my test result yet.
You may not return to campus. *

* You should contact the professor(s) of any of your on campus classes to advise them you will require accommodations for online learning until your test results are received and submitted to Health and Counseling.

2. If you have tested, did you submit your results to Health and Counseling?

- Yes
- No, I have the results with me.

Section C: Quarantine

1. Did you comply and participate in a seven-day quarantine?

- Yes.
- No, because:
 - I am a student who is arriving from outside the United States or from a state on the New York State travel advisory list and completed a 14-day quarantine off campus
 - I am a student who is arriving from outside the United States or from a state on the New York State travel advisory list and will complete the designated on-campus 14-day quarantine.
- No. You may not return to campus. **

** You should contact the professor(s) of any of your on campus classes to advise them you will require accommodations for online learning until your seven-day quarantine is complete.

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Section D: Current Health Status

1. Have you tested positive for COVID-19 in the past 14 days?

- No
- Yes. You may not return to campus until cleared by your local Department of Health.

2. Have you had close contact with someone who tested positive or had symptoms of COVID-19 in the past 14 days?

- Yes
- No

3. On today's date do you have any of the following symptoms?:

- Experienced a fever (temperature of 100.4°F/38°C or higher)
- Had chills (a feeling of cold when it would not make sense to feel cold)
- A cough
- Felt shortness of breath or had difficulty breathing
- Felt unexplained fatigue, or felt sick or unwell without explanation
- Have unexplained muscle pain or body aches
- Have a headache without a clear reason
- Loss of the ability to smell or taste things you should be able to normally smell or taste
- Sore throat
- Had sinus congestion or a stuffy or runny nose
- Had unexplained nausea or vomiting
- Had an episode of diarrhea
- Developed an unexplained rash

IMPORTANT STEPS TO FOLLOW IF YOU ANSWERED "YES" TO ANY OF THE ABOVE IN SECTION D:

- If you are to be living **on campus**, you **may not** enter your on-campus housing assignment.
 - You must enter mandatory quarantine housing until you receive a test result.
 - Residents moving in on Wednesday, August 26, Thursday, August 27, or Friday, August 28, may take a COVID-19 test at Lauderdale Student Health Center
 - Residents moving in on Saturday, August 29 must enter quarantine and get tested at Lauderdale Student Health Center on Monday, August 31.
- If you are living **off campus**, you must mandatorily quarantine until you either receive a negative test result or are cleared by the Department of Health.
 - Call your healthcare provider for COVID-19 testing, medical evaluation and management.

Date Arrived: _____

G#: _____

Student Name: _____

(Print)

Student Signature: _____

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Received by: _____

Date: _____

SUNY Geneseo Health Screening and Attestation Quick Reference

Retain this document for your future reference.

[New York State Travel Advisory List](#)

<https://coronavirus.health.ny.gov/covid-19-travel-advisory>

Please be thoughtful about your travel plans.

Test Results

If you are not returning to campus due to your test results, contact the professor(s) of any of your on campus classes to advise them you will require accommodations for online learning until your test results are received and submitted to Student Health and Counseling.

COVID-19 Symptoms

If you are experiencing these symptoms, contact Student Health and Counseling at 585-245-5736 and pack your Community Bag.

- Experienced a fever (*temperature of 100.4°F/38°C or higher*)
- Had chills (*a feeling of cold when it would not make sense to feel cold*)
- A cough
- Felt shortness of breath or had difficulty breathing
- Felt unexplained fatigue, or felt sick or unwell without explanation
- Have unexplained muscle pain or body aches
- Have a headache without a clear reason
- Loss of the ability to smell or taste things you should be able to normally smell or taste
- Sore throat
- Had sinus congestion or a stuffy or runny nose
- Had unexplained nausea or vomiting
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Quick Tips

- Wash your hands
- Wear your mask
- Practice physical distancing
- Follow NYS and CDC Guidelines and Geneseo Policies
- Remember: We're In This Together

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