

# COVID-19 STUDENT RETURN-TO-CAMPUS QUESTIONNAIRE

As part of the College's efforts to maintain a safe on-campus environment during the COVID-19 pandemic, students who will be coming to campus must complete and return this form before being given access to come onto the campus, until further notice. Your responses on this form are necessary to assist us in mitigating the risk of COVID-19 exposure to all individuals on campus. We appreciate your cooperation with our efforts to ensure we adhere to NYS COVID-19 reopening guidelines.

This form must be completed and submitted before you come to campus each day.

If you answer "no" to all of these questions, you will receive an email clearing you to come to campus. You will be required to show this clearance to the College Public Safety Officer before you will be permitted to enter campus.

If you answer "yes" to any of these questions, you will not receive clearance to come to campus and will be instructed to contact the Campus Associate Dean of Student Affairs before you will be permitted to come to campus. You should contact the office you planned to visit today (or your instructor, if you were coming to campus for a course) to inform them you were not cleared to come onto campus today, and to make arrangements to reschedule or receive remote assistance. (Please note that you do not need to share your individual health information or why you answered "yes" to any questions with that office or your instructor.) Students who test positive for COVID-19 are to notify their Campus Associate Dean for Student Affairs.

If you are scheduled to come to campus and are experiencing any symptoms of COVID-19, do not come to campus and we encourage you to seek a COVID-19 test and medical attention, as appropriate.

**This questionnaire must be completed before you come to campus.  
Please note you can only complete it once a day.**

**Question 1** In the past 10 days have you developed any new COVID-19-related symptoms listed below?

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

**Response 1**

**Question 2** Have you tested positive for COVID-19 within the past ten (10) days?

**Response 2**

**Question 3** Have you had close contact with any confirmed or suspected cases of COVID-19 within the past ten (10) days?

*Note 3a: Close contact is defined by Suffolk County Department of Health as being within 6 feet of a person displaying COVID-19 symptoms or someone who has tested positive for COVID-19 for a prolonged period of time, 10 minutes or more. A close contact may be less than 10 minutes if someone who has tested positive coughed or sneezed on you.*

*Note 3b: Students who are first responders and healthcare providers outside the College, please answer this question taking into account your use of mandated personal protective equipment (PPE) and other COVID-19-related precautions for these professions. While you are performing your outside duties as a first responder or frontline medical staff, please be vigilant for any potential lapses or breaches of such protocols and complete this question to reflect any potential exposure. If you have questions about these instructions, please contact your Campus Associate Dean of Student Affairs.*

### **Response 3**

**Question 4** Have you traveled internationally or to any states within the U.S. other than New Jersey, Connecticut, Massachusetts, Pennsylvania, or Vermont within the last ten (10) days? If you answer 'yes' to this question, New York State requires all travelers to complete the following online traveler health form to determine whether a 10-day quarantine is required: <https://forms.ny.gov/s3/Welcome-to-New-York-State-Traveler-Health-Form>. You are required to provide the Campus Associate Dean of Student Affairs with a copy of the confirmation of submission of this online traveler health form and inform the Campus Associate Dean if you are subject to a quarantine requirement. The Campus Associate Dean of Student Affairs will inform you when you can return to campus. Effective November 4, 2020, New York State permits travelers to “test out” of the Executive Order 205 COVID-19 Travel Advisory’s 10-day quarantine requirement, as outlined on the NYS Department of Health website: <https://coronavirus.health.ny.gov/covid-19-travel-advisory> If you have or will “test out” of the required 10-day quarantine for travel, you must inform the Campus Associate Dean of Student Affairs and provide proof of the same.

### **Response 4**

**Question 5** I understand that to protect the College community and myself, I must abide by the Return-to-Campus Guidelines for Students and the Protect SUNY Suffolk Agreement which can be found at <https://www.sunysuffolk.edu/coronavirus/return-to-campus-guidelines-for-students.htm>, as they may be modified by the College from time to time.

I understand that I must wear a face covering/mask over my nose and mouth while I am on campus and adhere to physical distancing requirements, maintaining a minimum 6-foot distance between other individuals in all directions (e.g. side-to-side or when facing one another) whenever possible.

I understand that major violations of the Guidelines and the Agreement, including those related to testing, quarantining, isolating, and/or hosting unpermitted and prohibited in-person gatherings, may result in removal from campus and/or disciplinary action.

By selecting "I agree", I indicate my willingness and agreement to abide by the College's rules, Return-to-Campus Guidelines for Students, and the Protect SUNY Suffolk Agreement.

I acknowledge that Suffolk County Community College cannot eliminate the risk of illness during a global pandemic.

I voluntarily accept the risks associated with in-person, on-campus study and services at this time.

### **Response 5**

**Question 6** SUNY’s guidelines for the Spring 2021 semester require that students submit an attestation that they have completed a seven (7) day precautionary quarantine prior to returning to campus for the semester. Your response to this question will serve as your required attestation:

*I attest that I have either:*

- a. *Completed a seven (7) day precautionary quarantine prior to returning to campus, or*
- b. *Should be exempt from the seven (7) day precautionary quarantine requirement because I meet one or more of the following criteria: (i) I am a medical or health professions student designated as an “essential employee”; (ii) I am a commuter student who is employed and need to work during the seven (7) day period I would be required to complete this precautionary quarantine; or (iii) I am a commuter student and completing this precautionary quarantine is not feasible based on other bona fide reasons such as caregiving responsibilities or personal needs I must attend to during this period.*

**Response 6** (I agree / I do not agree)

Submit