Suffolk
COUNTY COMMUNITY COLLEGE

ON-CAMPUS ENROLLMENT DAYS COVID-19 SCREENING QUESTIONNAIRE

As part of the College's efforts to maintain a safe on-campus environment during the COVID-19 pandemic, students, prospective students and their guests who will be coming to our on-campus enrollment services days must complete and return this form before being given access to campus facilities. Your responses on this form are necessary to assist us in mitigating the risk of COVID-19 exposure to all individuals participating in our on-campus enrollment services days. All individuals must have and wear a face covering/mask over their mouth and nose for the duration of their time on campus and abide by all health and safety protocols, including 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.

We appreciate your cooperation with our efforts to ensure we adhere to NYS COVID-19 reopening guidelines.

- If you answer **"yes"** to any of these questions, please do not enter campus facilities and, instead, contact the Office of Student Affairs vpstudentaffairs@sunysuffolk.edu so that we can make alternative arrangements to assist you. You will not receive clearance to enter campus facilities today.
- If you answer **"no"** to all of these questions, you will return this form to the College Public Safety Officer. The Public Safety Officer will review the responses to advise whether you will be permitted to proceed further.

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.

Please note that your responses on this form will be kept confidential and will only be reviewed by the College Public Safety Officer and appropriate administrator(s) at the College as necessary to ensure safe entry to campus and compliance with our screening procedures and health protocols. Your responses on this form will not be used for any other purpose.

Please answer each question by checking "Yes" or "No" in the corresponding box.	**YES**	**NO**
1. In the past 10 days have you developed any new COVID-19-related symptoms listed below?		
a. Fever or chills		
b. Cough		
c. Shortness of breath or difficulty breathing		
d. Fatigue		
e. Muscle or body aches		
f. Headache		
g. New loss of taste or smell		
h. Sore throat		
i. Congestion or runny nose		
j. Nausea or vomiting		
k. Diarrhea		
2. Have you tested positive for COVID-19 within the past ten (10) days?		
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.*		
4. Have you traveled internationally or to any state within the U.S. *other than* New Jersey, Connecticut, Massachusetts, Pennsylvania, or Vermont within the last 14 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 14-day quarantine is required: https://traveler.health.ny.gov. If you are advised that you are subject to a quarantine requirement, you will not be permitted to enter campus facilities until this requirement has been satisfied.		

Name (print):_____ **Telephone Number:**_____

Address:_____

_____

Email Address:_____

Signature:_____ **Date:**_____