



**Health Assessment Attestation Form
Student Self-Declaration & Daily Temperature Records**

We are asking ALL students to begin tracking their health and completing the below attestation form. Students living on campus will be required to submit this form via hard copy when they check in for housing or indoctrination. Commuting students will be expected to submit this form in hard copy or electronically to the Dean of Student Affairs office (Baylis Hall or studentaffairs@sunymaritime.edu).

As a reminder, all students entering New York State from another state must complete the [online New York State traveler form](#) upon entering New York. Failing to do so may carry fines up to \$10,000 from New York State.

Student Name: _____ Date: _____

Place of Ordinary Residence: _____ Telephone #: _____

1. Are you familiar with information and guidance on the coronavirus (COVID-19), including standard health protection measures and precautions?

Yes / No

2. Do you understand and have you complied with applicable standard health protection measures and precautions to prevent the spread of the coronavirus (COVID-19), such as wearing of face coverings, proper hand washing, coughing etiquette, appropriate social distancing?

Yes / No

3. By your signature below, do you attest to having properly completed a 14-day precautionary self-quarantine in accordance with all guidance prior to arriving on campus?

Yes/No

If "Yes", please explain the circumstances and the length of self-quarantine:

Not properly completing a 14-day self-quarantine puts you, your roommate and others at risk of not being able to continue in their program of study.

4. **During the last 14 days**, have you:

- Tested positive for being infected with the coronavirus (COVID-19)?
Yes / No

If "Yes", please provide date of test and name of test:

- Tested positive for the antibodies for the coronavirus (COVID-19)?
Yes / No

If "Yes", please provide date of test and name of test:

- Shown any symptoms associated with the coronavirus (COVID-19), specifically,

New and continuous cough: **Yes / No**

Fever: **Yes / No**

Loss of smell or taste: **Yes / No**

Shortness of breath/difficulty breathing: **Yes / No**

- Had close contact with anyone that has tested positive for coronavirus (COVID-19)?

("Close contact" means being at a distance of less than six feet/two meters for more than 15 minutes.)

Yes / No

- Had close contact with anyone with symptoms of the coronavirus (COVID-19)?

("Close contact" means being at a distance of less than six feet/two for more than 15 minutes.)

Yes / No

- Maintained good personal hygiene and complied with applicable health protection measures and precautions?

Yes / No

- Have you traveled INTERNATIONALLY?

Yes / No

- Have you travelled DOMESTICALLY in the last fourteen days to a restricted state on the [New York State Travel Advisory](#)? (Click on link to see list of restricted states if you are unsure)

Yes / No

I confirm that the information provided above is correct to the best of my knowledge.

Signature: _____

Date: _____

DAILY TEMPERATURE CHECK RECORDS

Name of Student: _____

I confirm that the information below is an accurate record of my body temperature(s) during the two weeks preceding my return to Maritime.

Signature: _____

**Please enter in degrees Fahrenheit*

Date	Temperature Check 1 (Morning)	Temperature Check 2 (Afternoon)
Friday, August 21st	<i>(e.g. 97.5)</i>	
Saturday, August 22nd		
Sunday, August 23rd		
Monday, August 24th		
Tuesday, August 25th		
Wednesday, August 26th		
Thursday, August 27th		
Friday, August 28th		
Saturday, August 29th		
Sunday, August 30th		
Monday, August 31st		
Tuesday, September 1st		
Wednesday, September 2nd		
Thursday, September 3rd		