



Health Assessment Attestation Form Student Self-Declaration

We are asking ALL students to track their health and abide by state, SUNY, and CDC guidelines. Students will sign the form below to confirm that they have taken all necessary steps to monitor their health and take necessary precautions to return to campus safely. Students living on campus will be required to sign this form when they check in for the Spring 2021 semester. 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.

Health Services reserves the right to review this form and any other pertinent health information provided to determine whether or not you may return to the campus for the Spring, 2021 semester.

Student Name: _____ **Date:** _____

Maritime ID Number: _____

Place of Ordinary Residence: _____

1. I am familiar with information and guidance on the coronavirus (COVID-19), **Initial** _____
2. I understand and have 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
Initial _____
3. Prior to arrival at SUNY Maritime, I have been quarantining for the past _____ days.

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

4. I have been logging my health and activities daily using the Campus Clear app since January 10th.

Yes | No

5. **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:

During the last 14 days, have you:

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)? **Yes | No**
("Close contact" means being at a distance of less than six feet/two meters for more than 15 minutes.)

If "Yes", please explain circumstances.

Had close contact with anyone with symptoms of the coronavirus (COVID-19)? **Yes | No**

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

If "Yes", please explain circumstances.

Maintained good personal hygiene and complied with applicable health protection measures and precautions? **Yes | No**

Have you traveled INTERNATIONALLY? **Yes | No**

If "Yes", please explain location and duration.

Have you travelled DOMESTICALLY in the last fourteen days to another state other than your place of ordinary residence? **Yes | No**

If "Yes", please explain location and duration.

I confirm that the information provided above is correct to the best of my knowledge and understand that falsifying any information could lead to judicial charges under the College's Code of Conduct.

Signature: _____ **Date:** _____