

SUNY BROCKPORT: Visitor COVID Screening Questionnaire

The safety of our employees is our overriding priority. We are following the guidance from the NYS Department of Health and the CDC. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking employees and visitor who are physically present on Campus to complete this questionnaire within the first hour of reporting to the campus.

This form should be completed upon arriving for a one time, business related meeting.

Visit Name/Company/ Telephone Number:	
Office/Person Visiting:	
Date/Time:	

Screening Questions: Please answer Yes/No to each question.

If you answer yes to any questions, leave campus immediately and re-schedule your meeting for a future date.

1. Do you have a fever (above 100F)? **Yes/No**
2. Have you had COVID-19 symptoms within the past 14 days? **Yes/No**
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever
 - Fatigue
 - Muscle or body aches
 - Headache
 - Chills
 - Sore throat
 - New loss of taste or smell
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
3. Have you had a positive COVID-19 test within the past 14 days? **Yes/No**
4. Have you had close or proximate contact within the past 14 days with anyone who has tested positive for COVID-19 or who has or had reported symptoms of COVID-19? **Yes/No**
5. Have you re-entered/entered New York State from one of [the restricted states](#) within the past 14 days?
Yes/No

Please check to confirm you have a mask in your possession available for immediate use: _____

Signature: _____

Submit completed form to: Conrad Welcome Center