



**SELF-ATTEST QUESTIONNAIRE to be filled out the day you arrive on campus.**

1	<b>Have you experienced any COVID-19 symptoms in the past 14 days?</b>	YES	NO	
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**If you answered YES, stay home and self-monitor** your symptoms for 14 days. Depending upon your job, you may be eligible to telework with permission of your immediate supervisor.

2	<b>Have you tested positive for COVID-19 in the past 14 days?</b>	YES	NO	
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**If you answered YES, stay home.** After seeking medical care, contact your supervisor and provide them with a list of all MNFO personnel, students, clients, vendors or other parties that you came in contact with in the past 14 days. You may be eligible for leave under NYS Cares Act or take Paid time off during your illness. You may return to work after at least 10 days since the first symptoms appeared, you must be 24-hours fever free without taking medication to reduce fever, and your other symptoms have improved. Depending upon your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19.

3	<b>Have you been in contact with someone with confirmed or suspected COVID-19?</b>	YES	NO	
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**If you answered YES, stay home.** Anyone who has had close contact with someone with COVID-19 should **stay home for 14 days after their last exposure to that person.** Self-isolate and monitor your symptoms. Depending upon your job, you may be eligible for telework assignments with the permission of your supervisor. Get tested—remember you must have a series of negative COVID-19 tests to return to work.

However, anyone who has had close contact with someone with COVID-19 and who:

- developed COVID-19 illness within the previous 3 months **and**
- has recovered **and**
- remains without COVID-19 symptoms (for example, cough, shortness of breath)

**Does not** need to stay home

4	<b>Have you traveled to a State on the NY State Travel Advisory in the past 14 days?</b>	YES	NO	
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**If you answered YES, stay home.** Self-isolate and monitor your symptoms **for 14 days.** Depending upon your job, you may be eligible for telework assignments with the permission of your supervisor.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for your cooperation and keeping our campus safe and healthy!*