

## Restricted State Travel Advisory and Registration Process

In response to increased rates of COVID-19 transmission in certain states within the United States, and to protect New York's successful containment of COVID-19, the State has issued a travel advisory for anyone entering New York from a state that has a significant degree of community-wide spread of COVID-19.

If you have traveled from within one of the designated states with significant community spread, you must undertake a precautionary quarantine when you enter New York for 14 days from the last day you were in a designated state. This does not apply to any individual passing through a designated state for a limited duration (i.e. less than 24 hours) through the course of travel.

For a list of states that meet the criteria for required quarantine due to significant community transmission, visit <https://ny.gov/states>. This is based upon a seven-day rolling average, of positive tests in excess of 10%, or number of positive cases exceeding 10 per 100,000 residents.

Upon entering New York, if you as a student do not have a suitable dwelling for your 14-day quarantine period, you are able to quarantine in the designated housing on the College campus. If you are a NYS resident returning from travel and do not have appropriate accommodations for quarantine, the same is true.

If staying on campus, the College will expect that you comply with the following:

1. Remain in the assigned room (door closed) with all social and academic contact limited to phone and other remote platforms available.
2. Participate appropriately in the no contact food ordering and drop off process.
3. Remain in assigned quarantine room during scheduled restroom cleanings on quarantine floor (twice daily) and use products provided to maintain cleanliness in the restrooms between cleanings.
4. Wear a mask when using the restroom and when managing dinner pick up and drop off.
5. Clean mask(s) regularly with warm soap and water, and maintain surface cleaning and disinfecting in the residential room throughout the 14 days of the quarantine.

If you are quarantining off campus, please note the College expects you will follow all guidance at: <https://ny.gov/traveladvisory>

In either instance, students are expected to complete the *Cazenovia College Student Health Screening Form* at the completion of but before leaving quarantine location.

General Student Information (required):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birthdate: (mm/dd/yyyy) \_\_\_\_\_ Student ID: \_\_\_\_\_

Gender: (circle)      Non-Binary      F      M      Prefer not to  
answer

Student Contact and Emergency Information (required):

Primary Phone Number: \_\_\_\_\_

Is this a cell/text number? (circle one)      Yes      No

Alternate/Emergency Number: \_\_\_\_\_

Alternate/Emergency Contact Name: \_\_\_\_\_

Cazenovia email address: \_\_\_\_\_

Alternate email address: \_\_\_\_\_

Student Travel Information (required):

Date of Arrival in New York State: \_\_\_\_\_

How will you travel to New York State? (circle all that apply)

Airplane

Bus

Private Vehicle

Public Transport

Train

Ship

If airplane, please provide the following flight information:

Arrival airport: \_\_\_\_\_

Additional airport(s)?      Y      N      How many?  
Please list: \_\_\_\_\_

Arrival airline: \_\_\_\_\_

Flight number: \_\_\_\_\_

Seat number: \_\_\_\_\_

\_\_\_\_\_

Quarantine Information (required):

Are you able to quarantine off campus? (circle one)      Y      N

If yes, please provide head of household information:

Name of Head of Household: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell/Text Contact: \_\_\_\_\_

Email Contact: \_\_\_\_\_

Travel Restriction Information (required):

In the last 14 days have you been in one of the states designated as having significant community spread? (circle one)

Yes – for more than 24 hours

Yes - for 24 hours or less

*(examples include flight layover, overnight rest stop, one day visit or drop-off)*

No

Please provide all restricted states you have visited in the last 14 days:

\_\_\_\_\_

Please provide the date you were in the last of these restricted states: \_\_\_\_\_

Student Health Screening Information (required):

Today or in the past 24 hours, have you had any of the following symptoms? (check all that apply)

Fever of 100.4° or higher

Chills or felt feverish

Cough (new or worsening)

Difficulty breathing (new or worsening)

By signing below, the student indicates:

- Full review, agreement, and adherence with all Quarantine Guidelines from either on or off campus guidance and expectations.
- That all information provided on this form is true.

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

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