

VISITOR IDENTIFICATION

Name _____
Phone _____
Email _____

VISIT DESCRIPTION

Type of Guest:

- Prospective student
- Prospective student family member
- Advancement Office guest
- Guest lecturer/academic presenter
- Business-critical vendor/partner
- Ganzi restaurant guest

Purpose of campus visit _____

Date(s) and Time(s) _____

ATTESTATION OF PERSONAL HEALTH

Within the last 14 days:

- I have not experienced any symptoms of COVID-19.
- I have not tested positive for COVID-19.
- I have not had close contact (six feet or less without a mask for more than 15 minutes) with a confirmed COVID-19 case.
- I have not traveled outside New York to one of the states listed on the NYS travel advisory.

Signature

Date

APPROVAL AND ASSUMPTION OF RESPONSIBILITY – PSC AUTHORIZED PERSONNEL

- I agree to save this form for at least 21 days and provide a copy promptly upon request to aid in contact tracing as needed.

Printed Name

Title

Signature

Date