

LE MOYNE COLLEGE
END OF YEAR ACADEMIC CELEBRATION HEALTH SCREEN QUESTIONNAIRE

In accordance with New York State guidelines, all attendees of end of year academic celebrations must complete a health screening questionnaire prior to being admitted to the event.

Please print and complete this form on the day of the event you are attending. The form will be collected upon your arrival to Le Moyne for check-in. **Please do NOT complete the health screening before the date of the event you are attending.**

Note: If you are a 2021 graduate or a Le Moyne College employee, please complete your health screen using #CampusClear.

Attendee Information

First Name: _____ Last Name: _____
Home Address: _____ Email Address: _____
(Street Address)

(City, State, Zip) Phone Number () - _____

Event Information

I am completing the Health Screening for the following event (select one):

- 2020 Undergraduate Commencement, May 22, 2021, 10AM
- 2020 Undergraduate Commencement, May 22, 2021, 2PM
- Honors Convocation, May 23, 2021
- Baccalaureate Mass, May 23, 2021
- 2020/2021 Graduate Commencement, May 27, 2021
- 2021 Undergraduate Commencement, May 28, 2021, 10AM
- 2021 Undergraduate Commencement, May 28, 2021, 2PM

Health Screen Questions

Please answer the following:

- 1 Have you tested positive for COVID-19 in the last 10 days?
YES NO
- 2 In the past two weeks, have you cared for or had close contact with someone diagnosed with COVID-19 or someone with COVID-19 symptoms?
YES NO
- 3 Do you have any of the following symptoms? Check all that apply.

<input type="checkbox"/> Temperature > than 100.0F/38.0C or feeling of fever or chills	<input type="checkbox"/> New loss of taste and/or smell
<input type="checkbox"/> New cough	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Shortness of breath or difficulty breathing	<input type="checkbox"/> Congestion or runny nose (excluding seasonal allergies)
<input type="checkbox"/> New, unexplained fatigue	<input type="checkbox"/> Nausea or vomiting
<input type="checkbox"/> Muscle or body ache	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> New headache	<input type="checkbox"/> None
- 4 Are you in compliance with New York State's travel advisory?
The most up to date requirements can be found here: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>
YES NO

Attendee Signature

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Signature

Date