





Thank you for visiting Mercy College!

We are excited to welcome you to our campus. Due to enhanced safety and visitation protocols, we ask that our guests complete this brief form, which will be kept on file by the College. We are working very hard to maintain a safe and inviting atmosphere on our campuses. To that end, all visitors agree to:

1. Wear a mask or face covering while on campus.
2. Maintain close proximity to the individual, office, or event they are visiting.
3. Maintain social distancing and keep 6 feet apart from non-family members, whenever possible.
4. Notify the College if you develop signs of or have a positive COVID-19 test within 14 days of a visit to Mercy College by emailing: **healthalert@mercy.edu**.

Before entering the campus, we ask that you review the health screening questions below. If you answer any of these questions in the affirmative, we ask that you refrain from visiting with us today – we will be happy to set up an online meeting with you as an alternative.

CHECK YES or NO FOR THE BELOW QUESTIONS				
	Have you been in close contact (within 6 feet for at least 10 minutes) with anyone while they had COVID-19 or symptoms of COVID-19 during the last 14 days?	Yes <input type="radio"/>	No <input type="radio"/>	Yes but I have had no symptoms after 10 days <input type="radio"/>
	Have you tested positive on a COVID-19 diagnostic test in the past 10 days?	Yes <input type="radio"/>	No <input type="radio"/>	
	Have you experienced new or worsening signs or symptoms of COVID-19 (including fever of 100.4 degrees F or greater, new cough, or shortness of breath) in the past 14 days?	Yes <input type="radio"/>	No <input type="radio"/>	
	Have you visited a non-bordering state or another country for more than 24 hours in the past 10 days?	Yes <input type="radio"/>	No <input type="radio"/>	Yes but I received two negative tests per NYS guidelines <input type="radio"/>

Date of visit: _____ Full Name: _____

Name of Office/Person Visiting: _____

Affiliation/Reason for Visit: _____

Cell Phone: _____ Email: _____

Signature: _____

Signature of Parent (if visitor is under 18): _____

By signing this document, you acknowledge that you are voluntarily visiting a Mercy College campus and agree to adhere to the visitation guidelines described in this document. While rigorous safety protocols are in place, Mercy College cannot stop the spread of COVID-19 and visitors assume all responsibility for their individual health. Please wear a mask and follow all social distancing cues while on-campus. Enjoy your visit!