



Visiting Student Quarantine Advisory Form

Dear Student:

Thank you for your interest in rotating at the Cooper Medical School of Rowan University (CMSRU). The form below is to be completed in blue or black ink and uploaded to your VSLO application.

The New Jersey Department of Health updated travel and quarantine guidelines to reflect new recommendations from the CDC and New Jersey is no longer advising fully vaccinated individuals who travel within the United States to self-quarantine after their trip or to get tested before or after travel.

New Jersey strongly discourages all non-essential interstate travel at this time.

Travelers and residents returning **from any U.S. state or territory** beyond the immediate region (New York, Connecticut, Pennsylvania, and Delaware) should self-quarantine at their home, hotel, or other temporary lodging following recommendations from the CDC:

- If travel is unavoidable, travelers should consider getting tested with a viral test (not an antibody test) 1-3 days before the trip and again 3-5 days after the trip.
- If travelers test positive, they should **self-isolate for at least 10 days and should postpone travel during that time.**
- If travelers test negative, they should **quarantine for a full 7 days after travel.**
- If testing is not available (or if the results are delayed), travelers should **quarantine for 10 days after travel.**

I attest that I am fully vaccinated and not required to test or self-quarantine based on CDC recommendations.

I attest that I traveled from the immediate region (New York, Connecticut, Pennsylvania, or Delaware) and am not required to self-quarantine based on the conditions above.

I attest that I have had recent travel to a state or am arriving from a state identified to be outside of the immediate region to New Jersey, however, I quarantined for the specified period above.

Please identify state you left: _____

Please specify quarantine start/end date: _____

Signature: _____



Cooper Medical School
of Rowan University

Student Name: _____

Date: _____