



COVID-19 Screening Tool

Please use this tool to self-evaluate if you are experiencing COVID-19 symptoms.

| COVID-19 Vaccination | YES | NO |
|--|-----|----|
| Have you been vaccinated against COVID-19? | | |
| If yes, please note the date of your final vaccine shot: | | |

| Have you had any of the following symptoms in the past three days? | YES | NO |
|--|-----|----|
| Cough | | |
| Shortness of breath or difficulty breathing | | |
| Fever | | |
| Chills | | |
| Sore throat | | |
| Headache | | |
| Nausea or vomiting | | |
| Diarrhea | | |
| Runny nose or stuffy nose | | |
| Recent loss of taste or smell | | |

| Risk Factors | YES | NO |
|---|-----|----|
| Have you at any point been directed to quarantine or isolate by your state's Department of Health or a healthcare provider in the past 14 days? If so, when does/did your quarantine or isolation period end? _____ | | |
| If you are fully vaccinated against COVID-19 (> 14 days after final dose), the items below are not risk factors. | | |
| Have you been in close contact with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days? ¹ | | |
| Have you traveled anywhere outside the 50 United States or the District of Columbia in the past 14 days? | | |
| If you answered "yes" to any questions above and you cannot explain your symptoms, you may not be able to attend a Event/seminar for the safety of others. With COVID-19 present during allergy season, get tested if you have any of these symptoms. Find testing information at https://www.cdc.gov/coronavirus/2019-ncov/testing/index.html | | |

¹ Close contact means you've been within 6 feet of someone with COVID-19 for a total of 15 minutes or more in a 24-hour period. Does not apply to people who come into contact with people with symptoms of COVID-19 during the Event of their daily work while wearing full and appropriate personal protective equipment (PPE). See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> for more information.

Name: _____ Date: _____