

COVID-19 Screening Self-Attestation

All participants are asked to answer the following wellness questions daily while at the meeting, and act accordingly based on the results. Forms do not have to be turned in.

	YES	NO
1. If you took a Rapid Antigen test or a PCR test within the last 72 hours, did you receive a negative result on this test?		
2. Have you had any COVID-19-like symptoms (e.g. - cough, fever, stuffy/runny nose, loss of taste or smell) in the past three days that are NOT related to a pre-existing condition (for example: seasonal allergies)?		
3. Have you been in close contact (less than six feet) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days?		
4. Have you 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 answered "No" to question 1, you should not attend the meeting. If you answered "No" to question 1 and are at the meeting, you should leave the meeting.

If you have answered "Yes" to questions 2, 3 or 4 above, you should isolate yourself from other participants during the meeting until you get a negative PCR test and wear a high-quality mask when you must be in contact with others.