

GSHCC COVID-19 GUIDANCE

ATTENDEE SCREENING FORM

If you or someone attending your event, or meeting, answer yes to any of the following questions, please follow the CDC guidelines for Isolation and Quarantine, staying away from all in-person meetings or gatherings. The only exception is those that have been tested for COVID-19, following travel, exposure and/or close contact to someone with COVID-19, and have received a negative result. All others should stay home and continue to quarantine until confident they do not have the virus.

Screening Questions

1. Have you experienced any of the following symptoms in the last 24 hours? YES___ NO___

COVID symptoms include the following:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

2. Have you taken fever reducers in the past 24 hours? YES___ NO___

3. Do you have a known exposure to COVID-19 or been in close contact with a COVID positive individual in the last 10 days? YES___ NO___

You have been in close contact if you have:

- been within 6 feet of someone who has COVID-19 for a combined total of 15 minutes or more over a 24 hour period or
- provided care at home to someone who is sick with COVID-19 or
- had direct physical contact (hugged or kissed) with someone who has COVID-19 or
- shared eating or drinking utensils with someone who has COVID-19 or
- been sneezed on or coughed on by someone who has COVID-19

If Yes, did you take a [viral test](#) 5 days or more after exposure? YES___ NO___

If YES, date tested _____ & what is the result?

____ Positive ____ Negative ____ Awaiting result

4. Is anyone in your household waiting on the results of a COVID-19 test as a result of symptoms, close contact or exposure to a COVID positive individual? (This does not include pre-travel testing) YES___ NO___

5. Is any member of your household quarantined as an alternative to taking a COVID test after close contact and exposure to a COVID positive individual? YES___ NO___

6. In the last 10 days have you traveled to another state, or county? YES___ NO___

If Yes, did you take a [viral test](#) 3-5 days after returning from travel?

If YES, date tested _____ & what is the result?

____ Positive ____ Negative ____ Awaiting result