

COVID-19 GUIDANCE

ATTENDEE SCREENING FORM

If you or someone attending your event, or meeting, answer yes to any of the following questions, with the exception of being tested for COVID-19 and receiving a negative result, we recommend that they stay home and continue to quarantine until confident they do not have the virus.

Screening Questions

1. Do you have a fever or above-normal temperature (>100F)? YES___ NO___
2. Have you taken fever reducers in the past 72 hours? YES___ NO___
3. Have you been experiencing shortness of breath or having trouble breathing? YES___ NO___
4. In the past 72 hours, have you had a dry cough? YES___ NO___
5. In the past 72 hours, have you had a runny nose? YES___ NO___
6. In the past 72 hours, have you had a sore throat? YES___ NO___
7. Have you recently lost or had a reduction in your sense of smell or taste? YES___ NO___
8. In the past 72 hours, have you had any other flu-like symptoms, such as gastrointestinal upset, headache, muscle pain or fatigue? YES___ NO___
9. In the past 72 hours, have you had chills or repeated shaking with chills? YES___ NO___
10. Have you been tested for COVID-19? YES___ NO___
If YES, date tested _____ & what is the result?
___ Positive ___ Negative ___Awaiting result
11. In the last 14 days, have you been in contact with someone who has a confirmed case COVID-19, under investigation for COVID-19 or a respiratory illness? YES ___ NO ___
12. In the last 14 days, have you traveled to any foreign country? YES ___ NO ___

If YES, where? _____
13. In the last 14 days, have you traveled to a state outside of CA? YES ___ NO ___
If YES, where? _____