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 of 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.

Version 5.23.2021