



## MEETING ATTENDEE COVID-19 SCREENING QUESTIONNAIRE

The safety of our members and guests is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure, we are asking everyone to complete and submit this questionnaire prior to entering the meeting. Please do not enter the meeting until your responses have been reviewed and your entry has been approved.

**Please respond to each of the following questions truthfully and to the best of your ability.** Your participation is important to help us take precautionary measures to protect you and your colleagues.

Name:
Phone Number (mobile/home):
Company:

<b>Representations</b>	
1	<p>Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? <i>(Please take your temperature before you answer this question.)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Cough</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Shortness of breath or difficulty breathing</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Sore throat</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      New loss of taste or smell</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Chills</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Head or muscle aches</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Nausea, diarrhea, vomiting</p>
2	<p>In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
3	<p>In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
4	<p>Have you been tested for COVID-19 and are waiting to receive test results?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>

5	<p>Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p><i>NOTE: If you have tested positive for COVID-19 or have been presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms, please contact your manager or human resources representative when: (1) you have had no fever for at least 72 hours (3 full days), without the use of fever-reducing medications; (2) your other symptoms have improved; and at least 7 days have elapsed since your symptoms first appeared.</i></p>
6	<p>In the past 14 days, have you been on a commercial flight or traveled outside of the United States?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
7	<p>In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
8	<p>Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If "yes", please provide a brief explanation.</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>Explanation: _____.</p>

**Certification**

**I hereby certify that the responses provided above are true and accurate to the best of my knowledge.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: The information collected on this form will be used to determine only whether you may be infected with COVID-19. The information on this form will be maintained as confidential. Any questions should be directed to your manager or your human resources representative.

Access to worksite (circle one):                      Approved                      Denied



## **Safety Guidelines for PFAC Chapter and Region Meetings**

- 1) If you have symptoms (as listed below) of any kind, please do not come to the event.
- 2) Please arrive with a mask on and stay 6' apart from people you did not drive with. Upon Arrival to the meeting, participants will be required to submit to a temperature check. Anyone over 100.4 will be asked to leave. You will be asked:
  - 1) "Have you felt like you had a fever in the past day?"
  - 2) "Do you have a new or worsening cough today?"
  - 3) "Do you have any of these other symptoms?"
    - Shortness of breath or difficulty breathing
    - Fatigue
    - Muscle or body aches
    - Headache
    - New loss of taste or smell
    - Sore throat
    - Congestion or runny nose
    - Nausea or vomiting
    - Diarrhea
- 3) Those that pass the temperature check and questioning, will be given access to the venue.
- 4) All participants will be required to wear masks at all times while in public zones.
- 5) While on site adhere to social distancing guidelines:
  - 1) 6' apart
  - 2) NO HANDSHAKE ZONE - or other physical contact.

If you present with any of the above mentioned symptoms up to 2 weeks after the event, please contact Denise Chacon at (415) 593-9944