



COVID-19 Facility Screening Questionnaire

In accordance with COVID-19 guidance GIAA is asking all participants attending this program to complete the following questionnaire prior to gaining admittance.

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|---------|--------|--|
| YES [] | NO [] | Are currently experiencing fever (100.4 degrees Fahrenheit or higher) or do you have a sense of having a fever? |
| YES [] | NO [] | Have you experienced a fever (100.4 degrees Fahrenheit or higher) within the past 14 days that cannot be attributed to another health condition? |
| YES [] | NO [] | Have you been around anyone suspected of having COVID-19 within the past 14 days? |
| YES [] | NO [] | Are you experiencing a new cough that cannot be attributed to another health condition? |
| YES [] | NO [] | Are you experiencing new shortness of breath that cannot be attributed to another health condition? |
| YES [] | NO [] | Are you experiencing new chills that cannot be attributed to another health condition? |
| YES [] | NO [] | Are you experiencing a new sore throat that cannot be attributed to another health condition? |
| YES [] | NO [] | Are you experiencing new muscle aches that cannot be attributed to another health condition or specific activity (such as physical exercise)? |

I hereby certify that the above statements are true and correct to the best of my knowledge.

Signature

Phone

Printed Name

Email

Date

If you checked yes to any of the above questions and you are not FULLY vaccinated, in accordance with COVID-19 Guidance, we are unable to grant you admission to this event. Any registration fees you may have paid to attend this event will be refunded. If you have questions, please feel free to contact our office at (866) 562-4422.