



ASRA

DAILY COVID-19 SELF-SCREENING

PLEASE ANSWER EACH QUESTION CAREFULLY PRIOR TO GOING TO THE MEETING VENUE

Have you experienced any of the following symptoms in the past 48 hours?		
• fever or chills	YES	NO
• cough	YES	NO
• shortness of breath or difficulty breathing	YES	NO
• fatigue	YES	NO
• muscle or body aches	YES	NO
• headache	YES	NO
• new loss of taste or smell	YES	NO
• sore throat	YES	NO
• congestion or runny nose	YES	NO
• nausea or vomiting	YES	NO
• diarrhea	YES	NO
Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:		
• Anyone who is known to have laboratory-confirmed COVID-19?	YES	NO
• Anyone who has any symptoms consistent with COVID-19?	YES	NO
Are you isolating or quarantining because you may have been exposed to a person with COVID-19, or are worried that you may be sick with COVID-19?	YES	NO
Are you currently waiting on the results of a COVID-19 test?	YES	NO

Did you answer NO to ALL QUESTIONS? Access to the ASRA onsite meeting venue is APPROVED. Thank you for helping us protect you and others during this time. Please be reminded that appropriate masking and distancing is required while in the meeting venue.

Did you answer YES to ANY QUESTION? Access to the ASRA meeting venue is NOT APPROVED. Please plan to connect to the ASRA meeting virtually. If you need assistance, contact ASRA at 412-471-2718.