COVID-19 Self-Screening & Verification Form
FOR DAY OF TRAVEL

ASP takes your safety very seriously and strives to minimize the risk of infection of COVID-19 to volunteers, families, staff and community members.
Please utilize this form to determine your clearance for participation with ASP. Submit this form to your Trip Coordinator on your DAY OF TRAVEL for verification.
Trip Coordinators will certify group status to ASP. Individual medical information will not be shared with the staff.
DIRECTIONS: Start at #1. Continue until you check a box above EITHER a “CLEARED” or “NOT CLEARED” result. You must obtain a “CLEARED” result to participate.

1. Diagnosis & Symptoms

In the past 10 days, have you been diagnosed with COVID-19, OR

In the past 7 days, have you exhibited any of the following symptoms:
• Fever (above 100°F)
• Fatigue
• Sore throat
• Cough
• Nausea/vomiting
• Change in taste/smell
• Shortness of breath
• Diarrhea
• Change in appetite
• Body aches
• Chills

☐ YES
☐ NO

NOT CLEARED
STOP the form

2. Vaccination & Temp. Immunity

Have you been fully vaccinated (received your final shot) at least 14 days before today?, OR

In the last 90 days, have you had COVID-19, fully recovered, and then remained symptom free?

☐ YES
☐ NO

CLEARED
STOP the form

3. Risk Factors

Are you over the age of 65, OR

Do you have any health conditions that put you at higher risk for complications with COVID-19?

☐ YES
☐ NO

NOT CLEARED
STOP the form

4. Test Results

Have you received a negative COVID test result within 4 days of travel AND refrained from close contact with those outside your household since testing? AND

In the last 10 days, have you refrained from contact with a confirmed or suspected case of COVID-19?

☐ YES
☐ NO

NOT CLEARED
STOP the form

CLEARED
STOP the form

Volunteer Signature:

By volunteering, you agree to comply with ASP’s COVID-19 Volunteer Hosting Protocols, including mask wearing requirements, daily temperature checks and this Self-Screening Verification. Visit our website www.asphome.org/COVID for more details. Your signature below confirms that the information provided on this form is correct to the best of your knowledge and that the form indicates you are CLEARED for participation with ASP.

Printed Full Name

Signature

Date