

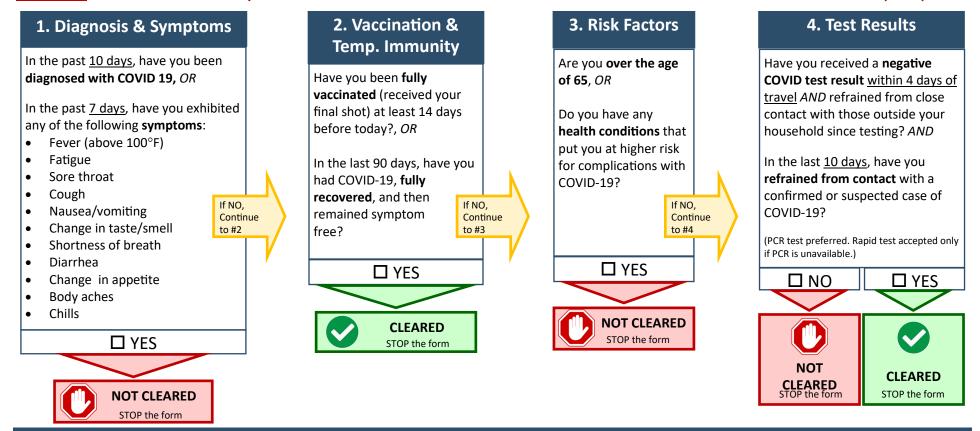
## COVID-19 Self-Screening & Verification Form FOR DAY OF TRAVEL

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.



## **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 <a href="www.asphome.org/COVID">www.asphome.org/COVID</a> 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