

# 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  | 2. Vaccination & Temp. Immunity  | 3. Risk Factors   | 4. Test Results   |
|--|--|---|---|
| <p>In the past <u>10 days</u>, have you been <b>diagnosed with COVID 19, OR</b></p> <p>In the past <u>7 days</u>, have you exhibited any of the following <b>symptoms</b>:</p> <ul style="list-style-type: none"> <li>• Fever (above 100°F)</li> <li>• Fatigue</li> <li>• Sore throat</li> <li>• Cough</li> <li>• Nausea/vomiting</li> <li>• Change in taste/smell</li> <li>• Shortness of breath</li> <li>• Diarrhea</li> <li>• Change in appetite</li> <li>• Body aches</li> <li>• Chills</li> </ul> <p><input type="checkbox"/> YES</p> | <p>Have you been <b>fully vaccinated</b> (received your final shot) at least 14 days before today?, <b>OR</b></p> <p>In the last 90 days, have you had COVID-19, <b>fully recovered</b>, and then remained symptom free?</p> <p><input type="checkbox"/> YES</p> | <p>Are you <b>over the age of 65, OR</b></p> <p>Do you have any <b>health conditions</b> that put you at higher risk for complications with COVID-19?</p> <p><input type="checkbox"/> YES</p> | <p>Have you received a <b>negative COVID test result</b> <u>within 4 days of travel</u> <b>AND</b> refrained from close contact with those outside your household since testing? <b>AND</b></p> <p>In the last <u>10 days</u>, have you <b>refrained from contact</b> with a confirmed or suspected case of COVID-19?</p> <p>(PCR test preferred. Rapid test accepted only if PCR is unavailable.)</p> <p><input type="checkbox"/> NO    <input type="checkbox"/> YES</p> |
| <p>If NO, Continue to #2</p> <p><input type="checkbox"/> YES</p> <p><b>NOT CLEARED</b><br/>STOP the form</p>   | <p>If NO, Continue to #3</p> <p><input type="checkbox"/> YES</p> <p><b>CLEARED</b><br/>STOP the form</p>   | <p>If NO, Continue to #4</p> <p><input type="checkbox"/> YES</p> <p><b>NOT CLEARED</b><br/>STOP the form</p>  | <p><input type="checkbox"/> NO</p> <p><b>NOT CLEARED</b><br/>STOP the form</p> <p><input type="checkbox"/> YES</p> <p><b>CLEARED</b><br/>STOP the form</p>  |

## 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](http://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