
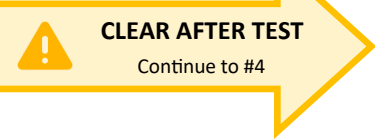





COVID-19 Self-Screening & Verification Form FOR DAY OF TRAVEL— 2022

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 verbally to ASP. Specific medical information on this form 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. Risk Factors	3. Vaccination & Temp. Immunity	4. Test Results	
<p>In the past <u>10 days</u>, have you been diagnosed with COVID 19, OR</p> <p>In the past <u>7 days</u>, have you exhibited any of the following symptoms:</p> <ul style="list-style-type: none"> • Fever (above 100°F) • Fatigue • Sore throat • Cough • Nausea/vomiting • Change in taste/smell • Shortness of breath • Diarrhea • Change in appetite • Body aches • Chills <p><input type="checkbox"/> YES</p>	<p>Are you over the age of 65, OR</p> <p>Do you have any health conditions that put you at higher risk for complications with COVID-19?</p> <p><input type="checkbox"/> NO</p>	<p>Are you up to date on recommended vaccination for your risk level (received primary series plus at least ONE booster) at least 14 days before today?, <i>OR</i></p> <p>In the last 90 days, have you had COVID-19, fully recovered, and then remained symptom free?</p> <p><input type="checkbox"/> NO</p>	<p>Have you received a negative COVID test result <u>within 24 hours of travel</u> <i>AND</i></p> <p>In the last <u>10 days</u>, have you refrained from contact with a confirmed or suspected case of COVID-19?</p> <p>CDC approved Rapid Antigen Test is acceptable. If you have recently recovered from COVID-19 and receive a positive result, please contact a healthcare provider for clearance to travel.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	
<p> NOT CLEARED STOP the form</p>	<p> CLEAR AFTER TEST Continue to #4</p>	<p> NOT CLEARED STOP the form</p>	<p> NOT CLEARED STOP the form</p>	<p> CLEARED 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 self-screening 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