



### CDC SCREENING QUESTIONNAIRE TO EVALUATE FOR COVID-19

By completing the following questionnaire, you are providing SACRS with medical and health information for the purposes of identifying potential symptoms linked to COVID-19 and reducing the risk of spreading the disease at the SACRS Fall Conference 2022. The CDC Screening Questionnaire must be completed online at <https://www.surveymonkey.com/r/sacrscdcscreening> or provide a signed copy upon arrival at Conference.

**In the past 24 hours, have you experienced:**

- 1. Fever or chills?  Yes  No
- 2. Fatigue?  Yes  No
- 3. Cough?  Yes  No
- 4. Sneezing?  Yes  No
- 5. Muscle or body aches?  Yes  No
- 6. Runny or stuffy nose?  Yes  No
- 7. Sore throat?  Yes  No
- 8. Diarrhea?  Yes  No
- 9. Headaches?  Yes  No
- 10. Shortness of breath or difficulty breathing?  Yes  No
- 11. New loss of taste or smell?  Yes  No
- 12. Nausea or vomiting?  Yes  No
- 13. Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with anyone who has exhibited symptoms consistent with COVID-19, or anyone who is known to have a laboratory-confirmed COVID-19 case?  Yes  No
- 14. Have you been or 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
- 15. Are you currently waiting on the results of a COVID-19 test?  Yes  No
- 16. Have you recently traveled to a country that is under a Level 2, 3 or 4 Travel Advisory according to the U.S. State Department, including but not limited to China, Iran, South Korea?  Yes  No

**I understand that if I experience any of the above-described symptoms, I should immediately contact Sulema H Peterson, SACRS Executive Director at [sulema@sacrs.org](mailto:sulema@sacrs.org) or at the onsite phone number (916) 316-7632 or office (916) 701-5158.**

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Print Your Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date