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

NOT CLEARED
STOP the form

If NO, Continue to #2

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

CLEARED
STOP the form

If NO, Continue to #3

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

NOT CLEARED
STOP the form

If NO, Continue to #4

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?

(PCR test preferred. Rapid test accepted only if PCR is unavailable.)

☐ NO

NOT CLEARED
STOP the form

☐ YES

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 _____