



Please accurately complete this form. When completed, bring this form for your temperature check prior to entering the facility for today's function.

Also, please note that you will be asked to follow hygiene protocols recommended by the CDC and Pennsylvania Department of Health, including wearing a cloth mask that covers your nose and mouth (unless you have a health condition preventing it, in which case, please advise ACI of this fact); washing hands with soap and water for 20 seconds; covering coughs and sneezes (and immediately disposing of tissues and washing hands or using a hand sanitizer containing 60% or more alcohol); and maintaining social distancing of at least six feet.

Meeting/Class: _____ Date: _____

Attendee Name: _____
(please print)

This checklist is to be completed before entering the facility. Please circle your answer.

- 1.0 Have you traveled outside the United States within the last 14 days?
Yes or No
- 2.0 To the best of your knowledge, have you been in direct contact with anyone with COVID-19 or other pandemic illness within the last 14 days?
Yes or No
- 3.0 Do you feel unwell?
Yes or No
- 4.0 Have you had a fever (temperature of 100.4° F or higher) within the last 14 days?
Yes or No
- 5.0 Have you had any of the following symptoms within the last 14 days: cough, shortness of breath, difficulty breathing, or lack of taste or smell?
Yes or No

If your answer is "yes" to any of the above questions (1-5), you will be denied access to the site and the Designated Representative will be notified.

Your signature certifies that (1) your answers to the questions above are accurate at the time of completing and submitting this document and (2) you have not taken fever-reducing medication within the last 24 hours.

Signature: _____

Temperature: _____

Pass or Fail: _____
(initials of administrator)