



IANRE YDP COVID-19 Phase B

Attendance and Screening Questionnaire

AK 4-H Club/FFA Chapter name: _____

Physical Location of meeting: _____ Time of mtg: _____

Date of meeting: _____

Please record the answers that each personnel, participant, and non-participant give for the following questions before the start of each in-person meeting. This information will only be shared for contact tracing with the state of Alaska public health if a participant or personnel receives a positive test result for COVID-19.

If any personnel, participant, or non-participant answers "YES" to ANY of the 3 Symptom Questions, they cannot attend the meeting and will not attend until 72 hours has passed with no symptoms. Please follow the protocol in the Mitigation Plan.

Symptom Questions:

1. Do you have now, or have you had a fever of over 100 degrees F in the past 72 hours?
2. Do you have a persistent cough or difficulty breathing?
3. Have you been in close contact with someone who is sick (the above symptoms) or has confirmed COVID-19 in the past 14 days?

Name	Phone Number	Question 1	Question 2	Question 3
<i>ex. John Smith</i>	<i>907-555-1212</i>	<i>No</i>	<i>No</i>	<i>No</i>

