



## ALASKA 4-H COVID-19 Attendance and Screening Questionnaire

Alaska 4-H Club name: \_\_\_\_\_

Physical location of meeting: \_\_\_\_\_ Time of meeting: \_\_\_\_\_

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 Symptom-Related Questions (1-3), they cannot attend the meeting and will not attend until 72 hours have passed with no symptoms.

Symptom Related 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>

Turn into your District office (scan & email, take a photo & email/text, physical copy, etc.) within 24 hours of meeting.

<b>Name</b>	<b>Phone number</b>	<b>Question 1</b>	<b>Question 2</b>	<b>Question 3</b>
<i>Ex. John Smith</i>	<i>907-555-1212</i>	<i>No</i>	<i>No</i>	<i>No</i>

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