



NACSW Convention 2021 Participant Screening Form

Name: _____

Best phone number contact: _____

Please circle your response to each of the questions below;

- Yes No Have you had a fever (>100°) within the last 72 hours?
- Yes No Have you had forceful dry or productive cough within the last 72 hours?
- Yes No Have you had difficulty breathing or shortness of breath within the last 72 hours?
- Yes No Have you had chills or repeated shaking with chill within the last 72 hours?
- Yes No Have you had new unexplained muscle pain within the last 72 hours?
- Yes No Have you had any atypical headaches within the last 72 hours?
- Yes No Have you had nausea, vomiting or diarrhea within the last 72 hours?
- Yes No Have you had a sore throat within the last 72 hours?
- Yes No Have you had a loss of taste or smell within the last 72 hours?
- Yes No Have you had contact with a person with a confirmed or suspected case of COVID-19 within the last 72 hours? (Contact is defined as less than 6 feet of separation for more than 15 minutes without adequate personal protective equipment.)

If you answer “yes” to any of the symptoms listed above, please do NOT plan to attend the event onsite in Glendale, but instead participate in the convention virtually.

_____ I agree to abide by the COVID-19 safety protocols that NACSW and the hotel will have in place for Convention 2021 including wearing a mask for all indoor sessions per the requirements of LA County, practicing social distancing in public spaces consistent with CDC guidelines, and observing rules of room capacity limits if applicable. While at the convention, I agree to self-monitor for signs and symptoms of COVID-19, and if I experience one or more symptoms, will remove myself from interaction with others and continue to monitor my symptoms.

Signature: _____ Date: _____