



## MSSNY COVID Questionnaire for the 2022 HOD

This form is to be completed by all attendees for the MSSNY 2022 House of Delegates at the time of arrival.

Name: \_\_\_\_\_ County: \_\_\_\_\_

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Please enter the telephone number at which you can be reached today if needed:

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Are you fully vaccinated? "Fully vaccinated" means at least two weeks have passed after your receipt of the second dose in a two dose series, or a single dose of a one dose vaccine, of a vaccine approved or authorized by the FDA:  Yes  No

Have you received one or more COVID booster shots?  Yes  No

Have you tested positive for COVID in the past 14 days?  Yes  No

Please consult the symptom checklist below, which is based upon guidance provided by the Centers for Disease Control & Prevention. (Some symptoms may appear 2-14 days after exposure to the virus and most people do not experience all of the symptoms). Are you experiencing any of the below symptoms unrelated to a known and/or chronic condition?  Yes  No

- Fever of greater than or equal to 100°F
- Sore throat
- Runny Nose/ nasal congestion
- New cough; Shortness of breath
- Diarrhea, nausea, vomiting
- Headache, fatigue, muscles aches
- New loss of sense of taste and/or smell
- Positive COVID test in past 10 days