

## AAA® VISITOR COVID-19 DAILY SYMPTOM CHECK

(To be completed on the day of the scheduled visit)

Welcome to the AAA. The purpose of this COVID-19 Daily Symptom Check is to enable you to self-certify that, **as of today**, you are symptom free from the COVID-19 virus. This Daily Symptom Check will ask you a series of health-related questions that you should answer truthfully to determine whether you can safely enter our offices **today**. Please print and complete this Symptom Check at home before coming into our offices. You will need to complete a new form for each day you visit our offices.

Please note that the AAA will not store or maintain your individual responses. The only information we maintain is your name and the outcome of your survey, which we will maintain for one month.

Thank you in advance for your cooperation.

<b>1. Do you currently have, or have you experienced within the previous 14 days, any of the following:</b>					
<b>Cough?</b>	YES	NO	<b>Sore throat?</b>	YES	NO
<b>Shortness of breath?</b>	YES	NO	<b>Diarrhea?</b>	YES	NO
<b>Chills?</b>	YES	NO	<b>Loss of sense of taste or smell?</b>	YES	NO
<b>Fatigue?</b>	YES	NO	<b>Repeated shaking with chills?</b>	YES	NO
<b>Nausea or vomiting?</b>	YES	NO	<b>Congestion or runny nose?</b>	YES	NO
<b>Muscle or body aches?</b>	YES	NO	<b>Fever greater than or equal to 100.0 degrees Fahrenheit?</b>	YES	NO
<b>Headache?</b>	YES	NO			
<b>2. Have you tested positive for, or been diagnosed as presumptive positive for, COVID-19 during the previous 14 days?</b>					
YES    NO					
<b>3. Have you had close contact with a person who has tested positive for, or is presumptive positive for, COVID-19 during the previous 14 days?</b>					
YES    NO					
<b>4. During the previous 14 days, have you traveled internationally without complying with New York State's testing and/or quarantine requirements?</b>					
YES    NO					

Continue to next page.

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**Did you answer "Yes" to any of the questions above?** YES NO

If you answered "Yes", please contact **AAA Vice President Ann Lesser at (212) 484-4084** before coming into our offices so we can complete your screening.

**Did you answer "No" to questions 1-4 above?** YES NO

If you answered "No" to questions 1-4, you have passed the symptom check. You must bring a signed copy of **this page** of your completed Symptom Check with you to our office; you will not be able to enter our office space without a signed, completed Symptom Check.

**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For use by AAA-ICDR Outcome:** \_\_\_\_\_