

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.

1. Do you currently have, or have you experienced within the previous 14 days, any of the following:					
Cough?	YES	NO	Sore throat?	YES	NO
Shortness of breath?	YES	NO	Diarrhea?	YES	NO
Chills?	YES	NO	Loss of sense of taste or smell?	YES	NO
Fatigue?	YES	NO	Repeated shaking with chills?	YES	NO
Nausea or vomiting?	YES	NO	Congestion or runny nose?	YES	NO
Muscle or body aches?	YES	NO	Fever greater than or equal to 100.0 degrees Fahrenheit?	YES	NO
Headache?	YES	NO			
2. Have you tested positive for, or been diagnosed as presumptive positive for, COVID-19 during the previous 14 days?					
YES NO					
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?					
YES NO					

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

If you answered "Yes", you are not cleared to enter the AAA. If you have any questions, please contact **AAA Office Manager Molly Brown at (267) 690-9664** during regular business hours. If outside regular business hours, please reach out directly to your AAA Contact.

Did you answer "No" to questions 1-3 above? YES NO

If you answered "No" to questions 1-3, 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: _____