

**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.

Thank you in advance for your cooperation.

**1. Over the last 48 hours, have you experienced any of the following NOT due to a pre-existing condition: fever, persistent cough, shortness of breath, chills, fatigue, congestion/runny nose, nausea/vomiting, muscle pain, headache, sore throat, diarrhea, new loss of sense of taste or smell?**

YES NO

**2. Have you tested positive for, or been diagnosed as presumptive positive for, COVID-19 during the previous 10 days?**

YES NO

**3. Have you had close contact with a person who has tested positive for, or has been diagnosed as presumptive positive for, COVID-19 during the previous 10 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 clear to enter the AAA. Please reach out 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: \_\_\_\_\_