

ASM COVID-19 Daily Symptom Checker

PLEASE ANSWER THESE QUESTIONS DAILY BEFORE PARTICIPATING IN OR VISITING AN ASM PROGRAM

Do you have any of these symptoms that are not caused by another condition:

- **Fever of 100.4°F or higher** Yes No
- **Cough** Yes No
- **Runny nose or nasal congestion** Yes No
- **Fatigue** Yes No
- **Recent loss of taste or smell** Yes No
- **Shortness of breath or difficulty breathing**
 Yes No
- **Headache** Yes No
- **Sore throat** Yes No
- **Diarrhea** Yes No
- **Muscle or body aches** Yes No
- **Nausea or vomiting** Yes No

FULLY-VACCINATED INDIVIDUALS	NON-VACCINATED OR PARTIALLY VACCINATED INDIVIDUALS
<p>Full vaccination means two weeks after you have received the second shot of the Pfizer-BioNTech or Moderna vaccine, or two weeks after you have received one shot of the Johnson & Johnson vaccine.</p>	
<p>Are you waiting on the results of a COVID-19 test? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please note: This DOES NOT include COVID-19 screening testing happening in CPS schools.</i></p>	<p>Have you been in close contact with someone who has tested positive for COVID-19 in the past 14 days? (i.e., within six feet for 15 minutes)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you tested positive for COVID-19 in the past 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are you waiting on the results of a COVID-19 test? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please note: This DOES NOT include COVID-19 screening testing happening in CPS schools.</i></p>
	<p>Have you tested positive for COVID-19 in the past 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Have you traveled to any state marked orange on the Chicago Department of Public Health (CDPH) Travel Advisory map in the past 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please answer "No" if you received a negative COVID-19 test within three days of arriving in Chicago or upon return.</i></p>
	<p>Have you traveled internationally to a moderate, high, or very high-risk location in the past 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please answer "No" if you've stayed home for 7 days and received a negative COVID-19 test 3-5 days after returning.</i></p>

IF you answered "YES" to any of the questions above, please DO NOT enter ASM premises and only return when you are well.