

# PI SIGMA EPSILON DAILY COVID-19 HEALTH QUESTIONNAIRE



PSE event participants are asked to certify their commitment to a safer meeting as part of a daily screening process. These new health acknowledgment prompts during the PSE event participant check-in process act as an additional layer of protection for all participants during the coronavirus pandemic.

This measure is the latest of PSE's efforts to ensure a safe experience during in-person events. We ask that participants embrace their responsibility to fellow members and guests by participating during PSE in-person events only when you have completed these important health checks.

Please answer the following questions.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ School: \_\_\_\_\_

Select the in-person conference and day?

- |   |   |
|---|---|
| <input type="checkbox"/> Midwest – Thursday, 11/04/21 | <input type="checkbox"/> North Central – Thursday, 11/11/21 |
| <input type="checkbox"/> Midwest – Friday, 11/05/21   | <input type="checkbox"/> North Central – Friday, 11/12/21   |
| <input type="checkbox"/> Midwest – Saturday, 11/06/21 | <input type="checkbox"/> North Central – Saturday, 11/13/21 |

Have you had a COVID-19 diagnosis, and/or to your knowledge, have you been exposed to COVID-19 in the past 14 days?

- Yes  
 No

Have you experienced the onset of any one of the primary symptoms of COVID-19 in the past 14 days, including the following; a fever of 100.4 degrees or higher, feeling feverish, a new, persistent cough, shortness of breath or breathing difficulties, loss of taste or smell?

- Yes  
 No

Do you agree to submit to a no-contact temperature check by a PSE representative each day before entrance to the event and if your temperature is 100.4 degrees or higher, do you agree to take a rapid COVID-19 test?

- Yes  
 No

Event participants unable to agree to all the commitments will not be allowed access to the event. Participants may be eligible to apply the unused portion of the event registration fee to a future PSE event.

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

Thank you for your cooperation and doing your part to help keep everyone healthy. We hope you enjoy this event!

PSE HQ OFFICE USE ONLY: Temperature: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_