MSSNY COVID Questionnaire for the 2022 HOD

This form is to be completed by all attendees for the MSSNY 2022 House of Delegates at the time of arrival.

Name: ___________________________________  County: _______________________

Please enter the telephone number at which you can be reached today if needed:
______________________________________

Are you fully vaccinated? “Fully vaccinated” means at least two weeks have passed after your receipt of the second dose in a two dose series, or a single dose of a one dose vaccine, of a vaccine approved or authorized by the FDA:  □ Yes  □ No

Have you received one or more COVID booster shots?  □ Yes  □ No

Have you tested positive for COVID in the past 14 days?  □ Yes  □ No

Please consult the symptom checklist below, which is based upon guidance provided by the Centers for Disease Control & Prevention. (Some symptoms may appear 2-14 days after exposure to the virus and most people do not experience all of the symptoms). Are you experiencing any of the below symptoms unrelated to a known and/or chronic condition?  □ Yes  □ No

- Fever of greater than or equal to 100°F
- Sore throat
- Runny Nose/ nasal congestion
- New cough; Shortness of breath
- Diarrhea, nausea, vomiting
- Headache, fatigue, muscles aches
- New loss of sense of taste and/or smell
- Positive COVID test in past 10 days