COVID-19 SELF-SCREENING QUESTIONNAIRE AND DECLARATION

ALL CONFERENCE ATTENDEES MUST read AND answer the self-screening questions below before attending the SVS VAM 2021. I agree that I will not attend VAM in-person if the answer to any of the following questions is YES.

Self-Screening Questions:

If the answer to any of the following questions is “YES” – YOU CANNOT ATTEND THE EVENT.

1. Do you currently have any of the following symptoms?  
   - fever or chills  
   - cough  
   - shortness of breath or difficulty breathing  
   - fatigue  
   - muscle or body aches  
   - headache  
   - sore throat  
   - new loss of taste/smell  
   - congestion or runny nose  
   - nausea or vomiting  
   - diarrhea

   Yes  
   ☐ No

2. In the past 14 days have you experienced any of the above symptoms?  

   ☐ Yes  
   ☐ No

3. In the past 14 days have you had close contact (less than 6 feet) with anyone who has COVID-19 or any of the above symptoms?

   ☐ Yes  
   ☐ No

***THIS SECTION TO BE COMPLETED AND RETURNED AT THE CONFERENCE***

I understand that everyone attending VAM must complete, sign and return this form to SVS on-site at VAM in the San Diego Convention Center in order to be issued a meeting badge and thereby permitted to attend.

Anyone answering YES to any of the questions above or refusing to complete this Self-Screening Questionnaire and Declaration will NOT be permitted to attend VAM.

By signing this COVID-19 Self-Screening Questionnaire and Declaration, I affirm that I have read and understand the above screening questions and requirements and that the answers provided above are accurate and truthful.

Attendee Name (Printed): _____________________________________________________

Attendee Signature: __________________________________________________________

Date: ______________________________________________________________________

Thank you for your cooperation.