

## COVID-19 Self-screening Questionnaire

Per Governor Kemp's executive order dated August 15, 2020, GSAE requests you review the following questions before attending GSAE Annual Meeting events August 26-28.

Have you had or been exposed to COVID-19?

Yes  No

Have you, or anyone you have been in proximity with in the past 3 weeks, been tested for the Coronavirus?

Yes  No

Have you had a fever, felt feverish, had bouts of chills or excessive sweating in the past 3 weeks?

Yes  No

Have you had respiratory problems such as a cough, shortness of breath or difficulty breathing?

Yes  No

Have you experienced any other flu-like symptoms such as gastrointestinal upset, unusual headaches, fatigue or a sore throat?

Yes  No

Have you recently experienced a loss of taste or smell?

Yes  No

Do you have heart disease, lung disease, kidney disease, diabetes, or any autoimmune disorders?

Yes  No