24 Hour Event Reminder with health screening

Thank you for registering for the [EVENT NAME] on [DATE] at [TIME] at [LOCATION].

Please share this email with those that will also be attending with you. To keep our community as safe as possible we ask that all attendees to complete a COVID-19 self-check health screening. If you answer “yes” to any of the health screening questions, then please do not attend this event.

If you have any questions, please contact [NAME] at [EMAIL / PHONE].

Scarlet forever!

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COVID-19 self-check health screening

If you answer “yes” to any of the health screening questions, then please do not attend this event.

1. Have you experienced any of the following symptoms in the past 24 hours?
   - Fever (temperature over 100.4F) or chills
   - Cough
   - Shortness of breath or difficulty breathing
   - New loss of taste or smell
   - Sore Throat

2. Have you experienced new onset or worsening of any of the following symptoms that are not due to a known condition or illness?
   - Fatigue
   - Muscle or body aches
   - Headache
   - Congestion or runny nose
   - Nausea or vomiting
   - Diarrhea

3. Within the past 14 days, have you been in close physical contact with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has symptoms consistent with COVID-19 without appropriate PPE ("Personal Protective Equipment") use?

4. Have you been asked to self-isolate or quarantine at this time by a medical professional or a local public health official or due to state travel advisories?