



**RUTGERS**

University Alumni Association

### **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?