ARMADILLOCON

Pre-Participation Medical Screening Checklist

- This checklist assists in identifying potentially communicable diseases before event participation.
- This checklist will be reviewed before a badge is issued for the event.
- This checklist will be reviewed for all participants (guests, staff, volunteers, vendors, etc.)

1. If the answer to question 1, 2 or 3 is YES, please do not attend ArmadilloCon:

- 1. Within 14 days before attending ArmadilloCon, you have tested positive, or been exposed to someone who has tested positive, for COVID-19;
- 2. Within 48 hours prior to attending ArmadilloCon, you have experienced symptoms of COVID-19 (e.g., a fever of 100.4F or higher, cough, shortness of breath or difficulty breathing, chills, repeated shaking muscle pain/achiness, headache, sore throat, loss of taste or smell, nasal congestion, runny nose, vomiting, diarrhea, fatigue or any other symptoms associated with COVID-19 identified by the Centers for Disease Control and Prevention); or
- 3. Within 14 days prior to attending the convention, you have travelled to any international territory identified by federal or applicable state or local governments as being subject to travel or quarantine advisories due to COVID-19.

2. Present Proof of Negative COVID-19 Test (obtained within 3 days) or Proof of Full Vaccination

When picking up your badge, bring either

- (A) a digital or printed copy of your Negative COVID-19 Test (<u>obtained within 72 hours (3 days) of attending</u>), or
- (B) in lieu of that, a digital or printed Vaccine Card, or Vaccine Record showing that you are <u>fully</u> <u>vaccinated</u> (2 weeks after the second in a 2-dose series such as Pfizer or Moderna, or 2 weeks after a single dose such as J&J).

In either case, you must present a photo ID with a name that matches the name on the Negative COVID-19 Test or Vaccine Record.

_____SUMMARY: TO BE ISSUED A BADGE: ______

1. VERIFY THIS: Questions 1,2 and 3 all a "no"

2. AND EITHER

A: Printed copy of Negative COVID-19 Test (both items below must be verified)

Name on photo ID matches name on test

Date: dated within last 3 days

(Friday: Oct 12 or later; Saturday: Oct 13 or later; Sunday: Oct 14 or later)

OR

B: Proof of full vaccination (both items below must be verified)

Name on photo ID matches name on vaccination record

Date: If 2-dose series (Pfizer or Moderna), date of 2nd dose is Oct 1 or earlier

If a 1-dose series (J&J), date of dose is Oct 1 or earlier