



TREE CONFERENCE ATTENDEE HEALTH FORM

Your safety and your fellow arborists safety are our top concerns.

To prevent the spread of the coronavirus and reduce the potential risk of exposure to others, please complete and turn in this questionnaire when you pick up your name badge. If you have or suspect you have COVID-19 we respectfully require that you not attend the live conference and instead request a refund or attend the online virtual sessions offered later.

The CDC currently recommends:

- That everyone wears a mask in indoor public places with high transmission. **Waco is currently designated as a high COVID-19 transmission area.** Masks are available for free at the registration desk.
- Practice social distancing.
- Hand washing/sanitizing.

Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>1. Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms?</p> <ul style="list-style-type: none"> Fever (100.4° F or greater as measured by a thermometer) Cough Shortness of breath or difficulty breathing Sore throat New loss of taste or smell Chills Head or muscle aches Nausea, diarrhea, vomiting <p>2. If Yes to question 1, has it been 10 days since symptoms appeared and have you been at least 24 hours with no fever and without fever-reducing medication? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
---	--

Print your name, sign, date and turn it in when you get your name badge:

NAME (Print)

SIGNATURE

DATE

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Note: The information on this form will be maintained as confidential. Any questions should be directed to Texas Chapter ISA staff.