

COVID-19 Screening Form

IMPORTANT: All attendees of live CLE events hosted by HarrisMartin are required to fill out the following form no less than 24 hours prior to the event. If you have questions, or encounter difficulty with the form, please contact conferences@harrismartin.com.

* Required

Your Name: *

Your answer

EXAMPLE

Your Firm/Company: *

Your answer

Phone: *

Your answer

Email: *

Your answer

Have you experienced any of the following symptoms of COVID-19 within the last 48 hours? *

	Yes	No
Fever or chills	<input type="radio"/>	<input type="radio"/>
Cough	<input type="radio"/>	<input type="radio"/>
Shortness of breath or difficulty breathing	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>
Muscle or body aches	<input type="radio"/>	<input type="radio"/>
Headache	<input type="radio"/>	<input type="radio"/>
New loss of taste or smell	<input type="radio"/>	<input type="radio"/>
Sore throat	<input type="radio"/>	<input type="radio"/>
Congestion or runny nose	<input type="radio"/>	<input type="radio"/>
Nausea or vomiting	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>

Have you tested positive for COVID-19 in the past 10 days? *

- Yes
- No

Are you currently awaiting results from a COVID-19 test? *

- Yes
- No

Have you been diagnosed with COVID-19 by a licensed healthcare provider (for example, a doctor, nurse, pharmacist, or other) in the past 10 days? *

- Yes
- No

Have you been told that you are suspected to have COVID-19 by a licensed healthcare provider in the past 10 days? *

- Yes
- No

Thank you for your assistance in helping us conduct our live events in a way that ensures safety for all attendees.

If you answered YES to any of the questions below, please contact HarrisMartin Publishing immediately at (800) 496-4319 to discuss your options for attending this live CLE Event.

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