

HEALTH & SAFETY QUESTIONNAIRE

https://www.apcprods.org/APC2022-Registration#Meeting_Health_Guidelines

Name:				
APC Section: CHAIRS PRODS	UMEDS	PDAS	GMEAS	Other
COVID-19 Vaccination History:				
Original Series <u>Completed</u> :		Mont	h	Year
Brand: Pfizer (2 doses) Moderna (2 doses) Johnson & Johnson (1 dose)				
f the original vaccination series was completed BEFORE January 1, 2022:				
1 st Booster Received:		Mon	th	Year
[Present your proof of vaccination (in any form) to the medical professional at the Health & Safety Desk in the Vevey Foyer.]				
Have you been in immediate contact with anyone who tested positive for COVID-19 in the last 7 days? Yes No				
Are you experiencing any symptoms commonly associated with COVID-19, such as chills, cough, fatigue, aches, stomach upset, headache, sore throat, congestion, loss of taste/smell, shortness of breath? Yes No				
If you experience symptoms at any time professional at the Health & Safety Desk in test to be administered, and await the resultendees who test positive will self-isolate	he Vevey Foye Ilts, before pro	r for a compoceeding fur	plimentary ra rther to meet	pid antigen ing events.



In accordance with the 2022 APC Annual Meeting Health & Safety Policy, APC strongly recommends mask-wearing in sessions, when not speaking, eating, or drinking. Masks are available at the Health & Safety Desk.