

**THE AMERICAN LEGION, DEPARTMENT OF TEXAS  
2021 DEPARTMENT CONVENTION**

**COVID 19 SCREENING QUESTIONNAIRE**

Member ID # \_\_\_\_\_

LGN / AUX / SAL

Circle one

Post/Unit/SQD # \_\_\_\_\_

District # \_\_\_\_\_

Do you currently or have had in the last 14 days any symptoms of COVID 19?    YES        NO  
Circle one

Have you been around anyone in the last 14 days that has tested positive, was diagnosed, or has symptoms of COVID 19?    YES        NO  
Circle one

Have you travel internationally or to a community in the U. S that has experienced or is experiencing sustained community spread of COVID-19 in the last 14 days?    YES        NO  
Circle one

Have you had received any of the COVID 19 vaccines?    YES        NO  
Circle one

I acknowledge and understand that participation in the Annual Department Convention could result in the possible exposure to an illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.

I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19.

I agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact the Department if he/she experiences symptoms of COVID-19 within 14 days after participating in events, meetings or other activities of the Department Convention.