



COVID-19 Screening Questionnaire & Attestation

This form must be completed by all attendees at Minnesota Podiatric Medical Association's (MPMA) Twin Cities Foot & Ankle Conference on November 4-6, 2021.

	YES	NO
Have you been in close physical contact to an individual with COVID-19 in the past 14 days? Close physical contact defined as within 6 feet of an infected individual for 15+ minutes 48 hours before or during illness.		
Regardless of vaccination status, have you experienced any of the following primary COVID-19 symptoms within the last 48 hours?		
• A fever of 100.4° F or higher		
• New or persistent cough		
• Shortness of breath/breathing difficulties		
• Loss of taste or smell		
• Muscle or body aches		
• Headache		
• Nausea or vomiting		
• Congestion or runny nose		
Are you currently waiting on the results of a COVID-19 test?		
Have you been diagnosed with COVID-19 by a licensed healthcare provider in the past 10 days?		
Have you been told that you are suspected to have COVID-19 by a licensed healthcare provider in the past 10 days?		
In the past 14 days, have you traveled outside of the United States?		

I certify that my above responses are true and correct. Should I test positive for COVID-19 within 14 days of my departure from the conference, I agree to promptly alert MPMA by emailing info@mpma.org so that MPMA may inform other attendees who may have been exposed. I understand that my personal information will be kept confidential. Pursuant to CDC guidelines, if I am not fully vaccinated, I agree to wear a face mask fully covering my mouth and nose for the duration of the conference, except for when I am eating or drinking. I understand that if I am fully vaccinated, it is recommended that I wear a face mask for the duration of the conference, except for when I am eating or drinking, but not required. I agree that a violation of this requirement will result in me being asked to leave the conference and I would not be entitled to a refund of my registration fee paid. I certify that I have read and agree to MPMA's COVID-19 Safety Acknowledgement Liability Waiver and Release of Claims available at www.mnpma.org/conference.

Signature: _____

Print Name: _____ Date: _____