IBEC
International Institute of
Building Enclosure Consultants

HEALTH ASSESSMENT FORM

To reduce the risk of COVID-19 exposure to all convention attendees, affiliates, and staff, must complete the following screening questions.

Name _____

Company Name _____

Phone _____ Email _____

Have you had close contact in the last 14 days with someone diagnosed with COVID-19, or has a health department or health care provider contacted you and advised you to isolate or quarantine at this time?

☐ Yes ☐ No

Have you experienced any cold or flu-like symptoms in the last 14 days (fever, cough, shortness of breath, or other respiratory problems)?

☐ Yes ☐ No

Check the box beside any of the following symptoms that you are currently experiencing?

☐ Fever
☐ Chills
☐ Shortness of breath
☐ New cough
☐ New loss of taste or smell
☐ None of the above

Have you been diagnosed with COVID-19 in the last 10 days?

☐ Yes ☐ No

Signature _____ Date _____